2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096643

Entity Name: GLORIA FARINA, M.D., P.A.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

370 17TH STREET 777 37TH STREET VERO BEACH, FL 32960 SUITE B107

VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

370 17TH STREET 777 37TH STREET VERO BEACH, FL 32960 SUITE B107

VERO BEACH, FL 32960

FEI Number: 59-3676506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FARINA, GLORIA M.D.
370 17TH STREET
VERO BEACH, FL 32960 US
FARINA, GLORIA E M.D.
777 37TH STREET
SUITE B107

VERO BEACH, FL 32960 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLORIA E FARINA, M.D. 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FARINA, GLORIA M.D. Name: Name: FARINA, GLORIA E M.D. 370 17TH STREET Address: 777 37TH STREET SUITE B107 Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA E FARINA, M.D. DR 01/18/2005