


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90031 001 ***150.00

DOCUMENT # P00000102422	
1. Entity Name EMILIO DEL VALLE, M.D., P.A.	

Principal Place of Business 3840 COLONIAL BOULEVARD SUITE 2 FORT MYERS, FL 33912	Mailing Address 3840 COLONIAL BOULEVARD SUITE 2 FORT MYERS, FL 33912
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2. Principal Place of Business 6150 DIAMOND CENTER CT	3. Mailing Address 6150 DIAMOND CENTER CT
Suite, Apt. #, etc. SUITE 1201, BLDG 1200	Suite, Apt. #, etc. SUITE 1201, BLDG 1200

City & State FORT MYERS, FL	City & State FORT MYERS, FL
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Zip 33912	Country USA	Zip 33912	Country USA
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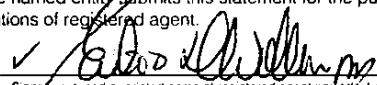
03012005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1055486	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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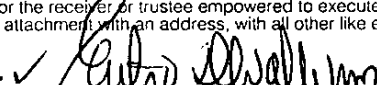
6. Name and Address of Current Registered Agent DEL VALLE, EMILIO 3840 COLONIAL BOULEVARD SUITE 2 FORT MYERS, FL 33912
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7. Name and Address of New Registered Agent Name EMILIO DEL VALLE Street Address (P.O. Box Number is Not Acceptable) 6150 DIAMOND CENTER COURT SUITE 1201, BLDG 1200 City FORT MYERS FL Zip 33912

8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	EMILIO DEL VALLE	DATE 3/29/05
<small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL VALLE, EMILIO 3840 COLONIAL BOULEVARD, SUITE 2 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMILIO DEL VALLE 6150 DIAMOND CENTER CT FORT MYERS, FL 33912 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	EMILIO DEL VALLE	Date 3/22/05	Daytime Phone # 239-277-7666
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			