2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90558 048 ***150.00 DOCUMENT # P00000116569 OSCAR H. JERKINS M.D., P.A. Principal Place of Business Mailing Address 20035953 9 ORANGE AVE 9 ORANGE AVE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3685783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ___ DO NOT WRITE JERKINS, SUSAN 9 ORANGE AVE ROCKLEDGE, FL 32955 IN THIS SPACE 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PCEO TITLE JERKINS, OSCAR H NAME STREET ADDRESS 9 ORANGE AVE CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 fee eiver 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 attactment with anjaddress/ with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

Daytime Phone #

FILED