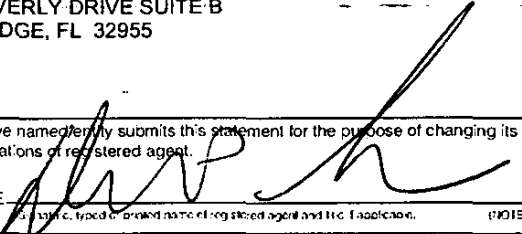
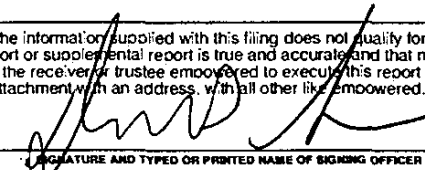


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90274 021 ***150.00

DOCUMENT # P01000001740					
1. Entity Name SANABRIA & SIMS, M.D., P.A.					
Principal Place of Business 1007 BEVERLY DRIVE SUITE B ROCKLEDGE, FL 32955			Mailing Address 1007 BEVERLY DRIVE SUITE B ROCKLEDGE, FL 32955		
2. Principal Place of Business PO Box 541451		3. Mailing Address PO Box 541451			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Merritt Island, FL		City & State Merritt Island, FL		4. FEI Number 59-3690150	
Zip 32954-1451		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANABRIA, GUILLERMO MD 1007 BEVERLY DRIVE SUITE B ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent David P. Sims MD. 170 Alameda Drive Merritt Island FL 32952		
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: 		David P. Sims		3/3/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANABRIA, GUILLERMO MD 1007 BEVERLY DRIVE SUITE B ROCKLEDGE, FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Sanabria, Guillermo MD 1275 Mercedes Drive Merritt Island FL 32952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, DAVID P MD 1007 BEVERLY DRIVE SUITE B ROCKLEDGE, FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S David Sims, David P. MD 170 Alameda Drive Merritt Island FL 32952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 		David P. Sims 3/3/05		321-433-3322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	