2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P01000012081

Entity Name: INDRANI A. SHERIDAN, M.D., P.A.

Current Principal Place of Business:

EMERGENCY RESOURCES GROUP
820 PRUDENTIAL DRIVE, SUITE 713
JACKSONVILLE, FL 32207

New Principal Place of Business:

1000 BROWARD ROAD
APT 209
JACKSONVILLE, FL 32218

Current Mailing Address:

1000 BROWARD ROAD
#209
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHERIDAN, INDRANI A MD
Address: 820 PRUDENTIAL DRIVE, SUITE 713
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHERIDAN, INDRANI A MD
Address: 1000 BROWARD ROAD, APT 209
City-St-Zip: JACKSONVILLE, FL 32218

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: SHERIDAN P 01/05/2004

Electronic Signature of Signing Officer or Director — Date