
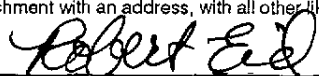


2005 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000037468 1. Entity Name ROBERT EID, M.D., P.A.									
Principal Place of Business 5900 COLLEGE RD LOWER KEYS MEDICAL CENTER KEY WEST FL 33040			Mailing Address PO BOX 2880 KEY WEST FL 33045						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt #, etc.							
City & State		City & State							
Zip		Country		Zip					
Country		Country		4. FEI Number 65-1094952 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent EID, ROBERT 3514 SUNRISE DR. KEY WEST FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP EID, ROBERT M.D 3514 SUNRISE DR. KEY WEST FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000221706 02/09/05-80044-001 150.00					
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)(f), 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: 		Robert Eid		2-5-5 305-293-3557					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #					



1st MOORE CR2E034 (10/04)