

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040696

FILED
May 25, 2005
Secretary of State

Entity Name: WEST BOCA VASCULAR SURGERY P.A.

Current Principal Place of Business:

9960
312
BOCA RATON, FL 33428

New Principal Place of Business:

9980
312
BOCA RATON, FL 33428

Current Mailing Address:

P.O. BOX 970818
BOCA RATON, FL 33497

New Mailing Address:

FEI Number: 65-1098900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDALLAH, MOHAMMED
9697 ARBOR OAKS LANE #306
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

ABDALLAH, MOHAMMED
4888 FOREST DALE DRIVE
LAKEWORTH, FL 33467 US

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: MOHAMMED ABDALLAH

05/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABDALLAH, MOHAMMED
Address: 5003 SABRELINE TERR.
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ABDALLAH, MOHAMMED
Address: 4888 FOREST DALE DRIVE
City-St-Zip: LAKEWORTH, FL 33467

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: MOHAMMED ABDALLAH

P

05/25/2005

Electronic Signature of Signing Officer or Director

Date