


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000047060	
1. Entity Name NEW HORIZONS: WOMEN'S MEDICAL GROUP, P.A.	

Principal Place of Business 3901 UNIVERSITY BLVD SOUTH STE 215 JACKSONVILLE, FL 32216	Mailing Address 3901 UNIVERSITY BLVD SOUTH STE 215 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIS, DEBRA K 3901 UNIVERSITY BLVD SOUTH STE 215 JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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 Debra K. Willis DATE 01/12/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, ANGELA S 4205 BELFORT RD., STE. 2004 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACKSEY, JOAN M 4205 BELFORT RD., STE. 2004 JACKSONVILLE, FL 32216
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IN THIS SPACE**

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01/24/05-80009-003 150.00

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: [Signature] DATE 1/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR