

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050088

FILED
Apr 18, 2006
Secretary of State

Entity Name: DOLORES A. LOVELESS, M.D., P.A.

Current Principal Place of Business:

4933-1 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4933-1 UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3722460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA STREET
SUITE 2750
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: D () Delete
Name: LOVELESS, DOLORES A M.D.
Address: 10212 VINEYARD LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP (X) Change () Addition
Name: LOVELESS, DOLORES A M.D.
Address: 10212 VINEYARD LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST () Change (X) Addition
Name: LOVELESS, DOLORES A M.D.
Address: 10212 VINEYARD LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DOLORES A LOVELESS MD

P

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date