

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063556

FILED  
Jul 19, 2005  
Secretary of State

Entity Name: MILTON M. APONTE, M.D., P.A.

## Current Principal Place of Business:

499 NW PRIMA VISTA BLVD  
103  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

380 SW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983 US

## Current Mailing Address:

499 NW PRIMA VISTA BLVD  
103  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

P.O. BOX 881027  
PORT SAINT LUCIE, FL 34988 US

FEI Number: 65-1116033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

APONTE, MILTON M MD  
5593 N.W. WESLEY ROAD  
PORT ST LUCIE, FL 34986 US

## Name and Address of New Registered Agent:

APONTE, MILTON M MD  
380 SW PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983 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: MILTON M. APONTE, MDPA

07/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: APONTE, MILTON M MD  
Address: 5593 NW WESLEY DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete  
Name: APONTE, MILTON M MD  
Address: 5593 NW WESLEY RD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete  
Name: MILTON, APONTE M MD  
Address: 5593 NW WESLEY RD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: APONTE, MILTON M MD  
Address: 380 SW PRIMA VISTA BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T (X) Change ( ) Addition  
Name: APONTE, MILTON M MD  
Address: 380 SW PRIMA VISTA BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S (X) Change ( ) Addition  
Name: MILTON, APONTE M MD  
Address: 380 SW PRIMA VISTA BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: MILTON M. APONTE

CEO

07/19/2005

Electronic Signature of Signing Officer or Director

Date