

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084284

Entity Name: GERIATRIC PHYSICIANS, INC.

FILED
Aug 14, 2005
Secretary of State

Current Principal Place of Business:

225 SOUTH TROPICAL TRAIL
SUITE 607
MERRITT ISLAND, FL 32952

New Principal Place of Business:

1490 POLARIS ST
MERRITT ISLAND, FL 32953

Current Mailing Address:

225 SOUTH TROPICAL TRAIL
SUITE 607
MERRITT ISLAND, FL 32952

New Mailing Address:

1490 POLARIS ST
MERRITT ISLAND, FL 32953

FEI Number: 65-1144490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, JOHN
225 SOUTH TROPICAL TRAIL
SUITE 607
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

DAVENPORT, JOHN
1490 POLARIS ST
MERRITT ISLAND, FL 32953 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: JOHN DAVENPORT

08/14/2005

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: P () Delete
Name: DAVENPORT, JOHN
Address: 225 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVENPORT, JOHN
Address: 1490 POLARIS ST
City-St-Zip: MERRITT ISLAND, FL 32953

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: JOHN DAVENPORT

P

08/14/2005

Electronic Signature of Signing Officer or Director

Date