2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103154

Entity Name: THOMAS P. FITZGERALD, M.D., P.A.

FILED Jan 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2516 MULBERRY TERRACE 1921 WALDEMERE ST SARASOTA, FL 34239

SUITE 705

SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

2516 MULBERRY TERRACE 1921 WALDEMERE ST SARASOTA, FL 34239 SUITE 705

SARASOTA, FL 34239

FEI Number: 65-1157886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRITZGERALD, THOMAS P FITZGERALD, THOMAS P 2516 MULBERRY TERRACE 2516 MULBEŔRY TERRACE SARASOTA, FL 34239 SARASOTA, FL 34239

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: THOMAS P FITZGERALD 01/30/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FITZGERALD, THOMAS P FITZGERALD, THOMAS P Name: Name: 2516 MULBERRY TERRACE Address: 2516 MULBERRY TERRACE Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239

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 Statutés. 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: THOMAS P FITZGERALD 01/30/2005 DR