

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115311

FILED
May 31, 2005
Secretary of State

Entity Name: CENTER FOR PHYSICIANS CARE, INC.

Current Principal Place of Business:

1040 SEMINOLE CREEK DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

1320 S. ORLANDO AVENUE
SUITE 3
WINTER PARK, FL 32789

Current Mailing Address:

PO BOX 678705
ORLANDO, FL 328678705

New Mailing Address:

FEI Number: 59-3760975 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THORNTON, DAMON D
1040 SEMINOLE CREEK DRIVE
OVIEDO, FL 32765 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

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: THORNTON, DAMON D
Address: 1040 SEMINOLE CREEK DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAMON D. THORNTON

P

05/31/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date