2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010575

Entity Name: PATRICIA MORRIS FEARING, M.D., P.A.

FILED Jan 11, 2005 Secretary of State

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

916 NW 66TH ST. 6440 W NEWBERRY RD STE. 2 STE. 202 GAINESVILLE, FL 32605 GAINESVILLE, FL 32605

Current Mailing Address: New Mailing Address:

916 NW 66TH ST. 6440 W NEWBERRY RD STE. 2 STE. 202 GAINESVILLE, FL 32605 GAINESVILLE, FL 32605

FEI Number: 03-0385269 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:

FEARING, PATRICIA M MD
1733 SW 81ST. TERRACE
GAINESVILLE, FL 32607 US

FEARING, PATRICIA M MD
8214 SW 16TH PLACE
GAINESVILLE, FL 32607 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: PATRICIA M FEARING 01/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: FEARING, PATRICIA M Name: FEARING, PATRICIA M

Address: 916 NW 66TH ST. STE. 2 Address: 6440 W NEWBERRY RD., SUITE 202

City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605

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: PATRICIA M FEARING PRES 01/11/2005