2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# P02000016496

Entity Name: SPANISH TRAIL FAMILY PHYSICIANS, P.A.

Current Principal Place of Business:

3298 SUMMIT BLVD.
SUITE 16
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3298 SUMMIT BLVD.
SUITE 16
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 01-0625241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DON W. BUCKLEY
3298 SUMMIT BLVD STE 29
JEFFERSON OFFICE PARK
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

DON W. BUCKLEY
3298 SUMMIT BLVD STE 16
JEFFERSON OFFICE PARK
PENSACOLA, FL 32503 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: _____ 01/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUCKLEY, DON MD
Address: 3298 SUMMIT BLVD. STE 16
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: DELGADO, NICHOLAS J MD
Address: 3298 SUMMIT BLVD. STE 16
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: BUCKLEY, JANICE MD
Address: 3298 SUMMIT BLVD. STE 16
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DON W BUCKLEY DR. 01/21/2005
Electronic Signature of Signing Officer or Director — Date