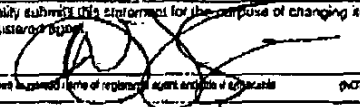
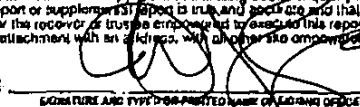


FILED
May 04, 2005 8:00 am
Secretary of State

03-24-2005 90047 026 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000028315			
1. Entity Name JASON W. THACKERAY, M.D., P.A.			
Principal Place of Business C/O WILLIAM SCOTT FOSTER 800 MAR WALT DRIVE #1014 FORT WALTON BEACH, FL 32547		Mailing Address C/O WILLIAM SCOTT FOSTER 909 MAR WALT DRIVE #1014 FORT WALTON BEACH, FL 32547	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3621726		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		66015412	
6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 800 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Jason W. Thackeray, MD PA 909 Mar Walt Drive Fort Walton Beach FL 32547	
8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 3/22/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THACKERAY, JASON W.M.D. 928-D MAR WALT DRIVE FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with which the corporation is associated.			
SIGNATURE: 		DATE: 4/28/05	
SIGNATURE AND TYPE-PRINTED NAME OF AGENT OR DIRECTOR		DATE	