

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038884

FILED
Jan 11, 2005
Secretary of State

Entity Name: ST. JOHNS BLUFF FAMILY PRACTICE, P.A.

Current Principal Place of Business:

3690 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3690 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 01-0666067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUST, CHARLES MD
3690 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUST, CHARLES MD
Address: 3690 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: WETMORE, RICHARD MD
Address: 3690 ST. JOHNS BLUFF ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLES RUST MD

D

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date