

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039804

Entity Name: MAGDY FALESTINY, P.A.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1500 U.S. HIGHWAY NORTH 441
SUITE 1834
THE VILLAGES, FL 32159

Current Mailing Address:

1501 U.S. HIGHWAY NORTH 441
SUITE 1834
THE VILLAGES, FL 32159

New Principal Place of Business:

920 ROLLING ACRES ROAD
SUITE 1
THE VILLAGES, FL 32159

New Mailing Address:

920 ROLLING ACRES ROAD
SUITE 1
THE VILLAGES, FL 32159

FEI Number: 01-0670280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALESTINY, MAGDY N MD
1501 U.S. HIGHWAY NORTH 441
SUITE 1834
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

FALESTINY, MAGDY N MD
920 ROLLING ACRES ROAD
SUITE 1
THE VILLAGES, FL 32159 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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: FALESTINY, MAGDY N MD
Address: 1501 U.S. HIGHWAY NORTH 441, SUITE 1834
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: FALESTINY, MAGDY N MD
Address: 920 ROLLING ACRES ROAD, SUITE 1
City-St-Zip: THE VILLAGES, FL 32159

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: MAGDY N. FALESTINY

M.D.

04/25/2005

Electronic Signature of Signing Officer or Director

Date