

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060822

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: LINDA MAYNARD, M.D., P.A.

## Current Principal Place of Business:

1901 FLOYD STREET  
SUITE 301  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

3400 S. TAMIAMI TRAIL  
SUITE 202  
SARASOTA, FL 34239

## New Mailing Address:

1901 FLOYD STREET  
SUITE 301  
SARASOTA, FL 34239

FEI Number: 04-3679236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUZIER, THOMAS B ESQ.  
3400 S. TAMIAMI TRAIL  
SUITE 202  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

MAYNARD, LINDA M.D.  
5239 Highbury Circle  
SARASOTA, FL 34238 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: LINDA MAYNARD, M.D.

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAYNARD, LINDA M.D.  
Address: 5239 Highbury Circle  
City-St-Zip: SARASOTA, FL 34238

Title: VP,S ( ) Delete  
Name: MAYNARD, STEVEN  
Address: 5239 Highbury Circle  
City-St-Zip: SARASOTA, FL 34238

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP,S (X) Change ( ) Addition  
Name: MAYNARD, LINDA M.D.  
Address: 5239 Highbury Circle  
City-St-Zip: SARASOTA, FL 34238

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: LINDA MAYNARD, M.D.

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date