2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069335

Entity Name: LLOYD E. REICH, M.D., P.A.

WEST PALM BEACH, FL 33411

City-St-Zip:

FILED Apr 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1647 NEWHAVEN POINT LANE WEST PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 1647 NEWHAVEN POINT LANE WEST PALM BEACH, FL 33411 FEI Number: 56-2285568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REICH, LLOYD E M.D. 1647 NEWHAVEN POINT LANE WEST PALM BEACH, FL 33411 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition REICH, LLOYD E M.D. Name: Name: 1647 NEWHAVEN POINT LANE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: Title: () Change () Addition () Delete Name: REICH, WENDY S Name: 1647 NEWHAVEN POINT LANE Address: 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: LLOYD E. REICH. M.D. P 04/24/2005