

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073422

FILED
Apr 12, 2005
Secretary of State

Entity Name: DANELLE KAY CHAMBERS, M.D., P.A.

Current Principal Place of Business:

77 W UNDERWOOD ST, 2ND FL
ORLANDO, FL 32805

New Principal Place of Business:

77 W UNDERWOOD ST, 2ND FL
ORLANDO, FL 32806

Current Mailing Address:

77 W UNDERWOOD ST, 2ND FL
ORLANDO, FL 32805

New Mailing Address:

77 W UNDERWOOD ST, 2ND FL
ORLANDO, FL 32806

FEI Number: 51-0415053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1031 W MORSE BLVD, STE 105
WINTER PARK, FL 32789 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: CHAMBERS, DANELLE KAY
Address: 77 W UNDERWOOD ST, 2ND FL
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAMBERS, DANELLE KAY
Address: 77 W UNDERWOOD ST, 2ND FL
City-St-Zip: ORLANDO, FL 32806

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: DANELLE K. CHAMBERS, MD

MGR

04/12/2005

Electronic Signature of Signing Officer or Director

Date