2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081241

Entity Name: TROY NOONAN, M.D., P.A.

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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710 O AKFIELD DR. 710 OAKFIELD DR. SUITE 261 SUITE 261 BRANDON, FL 33511 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

710 O AKFIELD DR. 710 OAKFIELD DR. SUITE 261 SUITE 261 BRANDON, FL 33511 BRANDON, FL 33511

FEI Number: 56-2287743 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:

SCHAFFER, JAMES R 120 S WILLOW AVE TAMPA, FL 33606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 NOONAN, TROY P

 Address:
 710 OAKFIELD DRIVE #261
 Address:
 710 OAKFIELD DRIVE #261

 City-St-Zip:
 BRANDON, FL 33511
 City-St-Zip:
 BRANDON, FL 33511

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: TROY NOONAN, M.D. OWNE 07/07/2005