# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2005**
**Secretary of State**

DOCUMENT# P02000085419

**Entity Name:** SUNTREE INTERNAL MEDICINE, INC.

**Current Principal Place of Business:**

6300 N WICKMAN RD
SUITE # 101
MELBOURNE, FL 32940

**New Principal Place of Business:**

903 JORDAN BLASS DRIVE
SUITE # 102
MELBOURNE, FL 32940

**Current Mailing Address:**

10134 BRANDON CIR
ORLANDO, FL 32836

**New Mailing Address:**

903 JORDAN BLASS DRIVE
SUITE # 102
MELBOURNE, FL 32940

**FEI Number: 11-3646276** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDOON, BARBARA
10134 BRANDON CIR.
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

HARDOON, ERIC
903 JORDAN BLASS DRIVE
SUITE # 102
MELBOURNE, FL 32940 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: ERIC HARDOON 01/23/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: HARDOON, BARBARA
Address: 6300 N WICKMAN RD STE 101
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: HARDOON, BARBARA
Address: 903 JORDAN BLASS DRIVE, SUITE # 102
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Change (X) Addition
Name: HARDOON, ERIC
Address: 903 JORDAN BLASS DRIVE, SUITE # 102
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Change (X) Addition
Name: HARDOON, SCOTT
Address: 903 JORDAN BLASS DRIVE, SUITE # 102
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Change (X) Addition
Name: HARDOON, DR. ABE
Address: 903 JORDAN BLASS DRIVE, SUITE # 102
City-St-Zip: MELBOURNE, FL 32940

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: ABE HARDOON D 01/23/2005
Electronic Signature of Signing Officer or Director Date