


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000092547		
1. Entity Name BEACON HEAD AND NECK CLINIC, P.A.		

Principal Place of Business 120 MEDICAL MALL BLVD STE 100 SPRING HILL, FL 34609	Mailing Address 120 MEDICAL MALL BLVD STE 100 SPRING HILL, FL 34609
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1019679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, JR., TED W.M.D. 120 MEDICAL MALL BLVD STE 100 SPRING HILL, FL 34609

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JR., TED W.M.D. 120 MEDICAL MALL BLVD STE 100 SPRING HILL, FL 34609
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03/21/05-80028-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-05 0352-688-282
Date Daytime Phone #