2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093884

Entity Name: SEAB-TETRICK & ASSOCIATES, P.A.

FILED Jan 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

107 MAGNOLIA DRIVE 1241 EMBER COURT EAST PALATKA, FL 32131 MARCO ISLAND, FL 34145

Current Mailing Address: New Mailing Address:

107 MAGNOLIA DRIVE 1241 EMBER COURT EAST PALATKA, FL 32131 MARCO ISLAND, FL 34145

FEI Number: 16-1624560 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Title:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SEAB-TETRICK, KELLY B MD
Address: 1241 FMBFR COURT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SEAB-TETRICK, KELLY B MD

107 MAGNOLIA DRIVE

EAST PALATKA, FL 32131

Name: SEAB-TETRICK, KELLY B M

Address: 1241 EMBER COURT

City-St-Zip: MARCO ISLAND, FL 34145

Title: VSD () Delete Title: VSD (X) Change () Addition Name: TETRICK, KEVIN C Name: TETRICK, KEVIN C

Address: 107 MAGNOLIA DRIVE Address: 1241 EMBER COURT
City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: MARCO ISLAND, FL 34145

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: KELLY B. SEAB-TETRICK, M.D. PTD 01/29/2005