2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000111705

1. Entity Name HOWARD J. GREEN, DO, P.A.

FILED Mar 16, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

12192-7 BEACH BLVD. JACKSONVILLE, FL 32246 Mailing Address

12192-7 BEACH BLVD. JACKSONVILLE, FL 32246



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN, HOWARD J 12192-7 BEACH BLVD JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

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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 Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT D GREEN, HOWARD J 12192-7 BEACH BLVD. JACKSONVILLE, FL 32246	TORS			U00000265151 03/16/05-80042-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP			_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STHEET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify 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 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 yequired 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 light impowered.					

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G OFFICER OR DIRECTOR