2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P02000129408

Entity Name: DAVID R. MCFARLAND, M.D., P.A.

Current Principal Place of Business:

ST. MARY'S HOSPITAL
901 45TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

40 US HWY ONE
STE. 210
NORTH PALM BEACH, FL 33408

New Mailing Address:

170 CELESTIAL WAY #4-5
JUNO BEACH, FL 33408

FEI Number: 02-0669021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWERS, DAVID E ESQ
505 SOUTH FLAGLER DRIVE SUITE 1330
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: MCFARLAND, DAVID R MD
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID R. MCFARLAND PTSD 04/28/2005

Electronic Signature of Signing Officer or Director — Date