


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90016 016 ***550.00


DOCUMENT # P02000130552

1. Entity Name
 SANDRA J. DOWNES, M.D., MPH, P.A.



Principal Place of Business 3645 MADACA LANE TAMPA, FL 33618	Mailing Address 3645 MADACA LANE TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



08162005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0056653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DOWNES, SANDRA J M.D.
 3645 MADACA LANE
 TAMPA, FL 33618

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

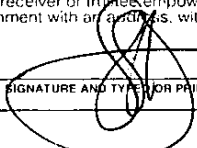
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWNES, SANDRA J M.D. 3645 MADACA LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DOWNES, SANDRA J M.D. 3645 MADACA LANE TAMPA, FL 33618
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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)(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 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:  SANDRA J. DOWNES, M.D., MPH, PA 8/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Print #