

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135383

FILED
Jan 17, 2005
Secretary of State

Entity Name: THOMAS M. SWEENEY, II, M.D., PH.D., P.A.

Current Principal Place of Business:

5922 CATTLEMAN LANE
SUITE 201
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5922 CATTLEMAN LANE
SUITE 201
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 06-1670765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 S ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SWEENEY II, THOMAS M M.D
5922 CATTLEMEN LANE
SUITE 201
SARASOTA, FL 34232-621 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: THOMAS M. SWEENEY II, M.D.

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWEENEY, THOMAS M II MD PHD
Address: 5922 CATTLEMEN LANE, STE 201
City-St-Zip: SARASOTA, FL 342326217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SWEENEY, THOMAS M MD
Address: 5922 CATTLEMEN LANE, STE 201
City-St-Zip: SARASOTA, FL 34232

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: THOMAS M. SWEENEY II, M.D., PH.D.

PRES

01/17/2005

Electronic Signature of Signing Officer or Director

Date