


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90094 014 ***158.75

DOCUMENT # P02000135384

1. Entity Name
 EARL S. STEWART, M.D., P.A.



Principal Place of Business
 307 SW 14 ST.
 OCALA, FL 34474

Mailing Address
 307 SW 14 ST.
 OCALA, FL 34474

00062307



2. Principal Place of Business
 4600 S.W. 46 Ct.
 Suite, Apt. #, etc.
 Suite 330
 City & State
 Ocala FL
 Zip
 34474
 Country
 USA

3. Mailing Address
 4600 S.W. 46 Ct.
 Suite, Apt. #, etc.
 Suite 330
 City & State
 Ocala FL
 Zip
 34474
 Country
 USA

02252005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-1172094

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEWART, EARL S
 307 SW 14 ST.
 OCALA, FL 34474

7. Name and Address of New Registered Agent
 Name - Earl S. Stewart
 Street Address (P.O. Box Number is Not Acceptable)
 4600 S.W. 46 Ct., Suite 330
 City Ocala FL Zip Code 34474

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 2/25/05
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|----------------|-----------------|---------------------------------|
| PD | STEWART, EARL S | 307 SW 14 ST. | OCALA, FL 34474 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|---------------------------|-----------------|--|-----------------------------------|
| | | 4600 SW 46 Ct., Suite 330 | Ocala, FL 34474 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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: Earl S. Stewart DATE: 2/25/05 DAYTIME PHONE: 352 237 3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR