


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007578

1. Entity Name
MEDICAL ARTS & TECHNOLOGY SERVICES, P.A.



Principal Place of Business
26 E RACETRACK ROAD NW
FORT WALTON BEACH, FL 32547

Mailing Address
26 E RACETRACK ROAD NW
FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
71-0925778 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JAMES P DR
26-E RACETRACK ROAD NW
FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

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

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

U00000197194
01/26/05-80101-024 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | D |
| NAME | MARTIN, JAMES P DR |
| STREET ADDRESS | 26-E RACETRACK ROAD NW |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | D |
| NAME | LA FORCE, REGINA K |
| STREET ADDRESS | 12275 JACKSON LANE |
| CITY-ST-ZIP | GRAND BAY, AL 36541 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: James P. Martin 1/13/05 850-862-8009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

JAMES P. MARTIN