

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014711

FILED
Jan 19, 2005
Secretary of State

Entity Name: NATURE COAST OB/GYN, P.A.

Current Principal Place of Business:

14540 CORTEZ BLVD.
STE. 104
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

P.O BOX 5269
SPRING HILL, FL 34611

New Mailing Address:

FEI Number: 13-4236765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: D () Delete
Name: MURRAY, JAMES
Address: 7947 FLORAL DR.
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: MURRAY, JAMES
Address: 7947 FLORAL DR.
City-St-Zip: SPRING HILL, FL 34607

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: JAMES MURRAY

DR.

01/19/2005

Electronic Signature of Signing Officer or Director

Date