2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P03000104501

Entity Name: PHLEBOLOGY ASSOCIATES P.A.

Current Principal Place of Business:

19220 CLOISTER LAKE LANE
BOCA RATON, FL 33498

New Principal Place of Business:

2147 S US HWY 1
JUPITER, FL 33477

Current Mailing Address:

19220 CLOISTER LAKE LANE
BOCA RATON, FL 33498

New Mailing Address:

2147 S US HWY 1
JUPITER, FL 33477

FEI Number: 14-1899318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHTON, TOM
19220 CLOISTER LAKE LANE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

ASHTON, TOM
2147 S US HWY 1
JUPITER, FL 33477 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: TOM ASHTON 05/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ASHTON, OWEN T
Address: 19220 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ASHTON, OWEN T
Address: 2147 S US HWY 1
City-St-Zip: JUPITER, FL 33477 US

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: OWEN T ASHTON DR 05/02/2005
Electronic Signature of Signing Officer or Director Date