## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137540

Entity Name: LAURA PRESTON, M.D., P.A.

FILED Feb 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3217 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

3217 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308

FEI Number: 03-0532096 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRESTON, LAURA M.D.

3217 CAPITAL MEDICAL BLVD.

TALLAHASSEE, FL 32308 US

PRESTON, LAURA L M.D.

3217 CAPITAL MEDICAL BLVD.

TALLAHASSEE, FL 32308 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: LAURA L. PRESTON, M.D. 02/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 PRESTON, LAURA
 Name:
 PRESTON, LAURA L M.D.

 Address:
 2369 TOUR EIFFEL DR.
 Address:
 2369 TOUR EIFFEL DR.

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32308

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: LAURA L. PRESTON, M.D. P 02/24/2005