

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014833

FILED
Apr 05, 2005
Secretary of State

Entity Name: MICHAEL A. ARSENAULT, M.D., P.A.

Current Principal Place of Business:

8374 MARKET STREET
#453
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8374 MARKET STREET
#453
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

2801 FRUITVILLE ROAD
SUITE 260
SARASOTA, FL 34237

New Mailing Address:

8340 LAKEWOOD RANCH BOULEVARD
SUITE 390
LAKEWOOD RANCH, FL 34202

FEI Number: 20-0651344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, EMILY F MD
8340 LAKEWOOD RANCH BLVD.#390
LAKEWOOD RANCH, FL 34202 US

Name and Address of New Registered Agent:

ARSENAULT, EMILY F MD
8340 LAKEWOOD RANCH BOULEVARD
SUITE 390
LAKEWOOD RANCH, FL 34202 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:

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARSENAULT, MICHAEL A MD
Address: 8374 MARKET STREET, #453
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ARSENAULT, MICHAEL A MD
Address: 8340 LAKEWOOD RANCH BOULEVARD, SUITE 390
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: MICHAEL A. ARSENAULT, M.D.

PRES

04/05/2005

Electronic Signature of Signing Officer or Director

Date