


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90004 018 ***150.00

DOCUMENT # P04000023269	
1. Entity Name ADVANCED GYNECOLOGY OF CENTRAL FLORIDA, P.A.	

Principal Place of Business 2501 N ORANGE AVE STE 210 ORLANDO, FL 32803	Mailing Address 2501 N ORANGE AVE STE 210 ORLANDO, FL 32803
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32804 Country	Zip 32804 Country



05192005 Chg-P CR2E034 (10/03)

4. FEI Number 113715156	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent A.G.C. CO. 200 S ORANGE AVE STE 2300 ORLANDO, FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Lane J. Meren MD 2501 N. Orange Ave, Ste 210 Orlando, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Lane Jay Meren	Date: 5/18/05	Daytime Phone #: 407 898 9804
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5/19/05

ATTACHMENT

40085733

Dear Sir/Madam: # P04000023269

By way of this letter we are kindly requesting your consideration in waiving the potential \$400 late fee for our corporation Annual Report. We are a new business in the state of Florida, opened recently when Dr. Meren moved here last fall (2004).

He opened his practice on his own and we have just begun to get things in order - including hiring a C.P.A. who pointed out to us the need to complete this form. ^(accountant)

Again, please consider waiving your late fee - we truly were unaware of this form until our accountant came on board this week. Thank you.

Yours truly,

Suzanne Kunz
Practice Manager

Advanced Gynecology, Central Florida, PA
407-848-9204