2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044386

FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90057 009 ***150.00

	ET & PUNGER FAMILY M	EDICINE, P.A.					
Principal Place	e of Business	Mailing Address	L	1,			
4640 S 25 ST 4		4640 S 25 ST FT PIERCE, FL 34981		5003034	2		
2. Principal Pi	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number Applied Fo 20 - 08 \$ 6 7 2 7 Not Applied			
Zip	Country	Zìp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
DEANIME	AD SERVICES II C		Name				
DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVE STE 1500 ORLANDO, FL 32803			Street A	Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
8. The above the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	l registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and acc	ept		
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ture required when reinstating) DATE			
FiL	.						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees			
		OO Trust Fund Contri		\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	OO Trust Fund Contri	ibution. 11. IIILE	Added to Fees	iition		
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12. I hereby certify that the information supplied with this /flog 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 truef 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 Charter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIG	N A	TII	RF.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

Delete

☐ Change ☐ Addition