

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057843

FILED
Mar 17, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA PHYSICIAN ASSISTANTS P.A.

Current Principal Place of Business:

270 HAWTHORNE GROVE, APT 102
ORLANDO, FL 32835

New Principal Place of Business:

10721 GAWSWORTH PT
ORLANDO, FL 32832

Current Mailing Address:

270 HAWTHORNE GROVE, APT 102
ORLANDO, FL 32835

New Mailing Address:

10721 GAWSWORTH PT
ORLANDO, FL 32832

FEI Number: 20-2487936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, BRYAN
270 HAWTHORNE GROVE, APT 102
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

CARTER, BRYAN
10721 GAWSWORTH PT
ORLANDO, FL 32832 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: BRYAN CARTER

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, BRYAN
Address: 270 HAWTHORNE GROVE, APT 102
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, BRYAN
Address: 10721 GAWSWORTH PT
City-St-Zip: ORLANDO, FL 32832

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: BRYAN CARTER

P

03/17/2005

Electronic Signature of Signing Officer or Director

Date