# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2005**
**Secretary of State**

DOCUMENT# P04000062903

**Entity Name:** NORMA ROCHE,MD PA

**Current Principal Place of Business:**

P.O. BOX 924308
PRINCETON, FL 33092

**New Principal Place of Business:**

698 NORTH HOMESTEAD BLVD#104
HOMESTEAD, FL 33030

**Current Mailing Address:**

P.O. BOX 924308
PRINCETON, FL 33092

**New Mailing Address:**

**FEI Number: 32-0098823** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

RAFAEL GONZALEZ, PA
6600 TAFT STREET
SUITE 307
HOLLYWOOD, FL 33024 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ROCHE, NORMA MD
Address: P.O. BOX 924308
City-St-Zip: PRINCETON, FL 33092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ROCHE, NORMA MD
Address: 698 NORTH HOMESTEAD BLVD#104
City-St-Zip: HOMESTEAD, FL 33030

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: NORMA ROCHE,MD PA P 03/16/2005

Electronic Signature of Signing Officer or Director — Date