

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90387 021 \*\*\*150.00

14012426



<b>DOCUMENT # P04000063622</b> 1. Entity Name <b>CENTRAL FLORIDA HEALTHCARE PARTNERS, INC</b>																																													
Principal Place of Business <b>705 WEST STATE ROAD 434</b> <b>C</b> <b>LONGWOOD, FL 32750</b>			Mailing Address <b>705 WEST STATE ROAD 434</b> <b>C</b> <b>LONGWOOD, FL 32750</b>																																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1634696</b>																																									
City & State  Zip      Country		City & State  Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																									
6. Name and Address of Current Registered Agent  <b>STROGIS, ROBERT</b> <b>705 WEST STATE ROAD 434</b> <b>C</b> <b>LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																									
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>SEU ROBERT STROGIS 705 W. SR 434 SUITE C LONGWOOD FL 32750</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	SEU ROBERT STROGIS 705 W. SR 434 SUITE C LONGWOOD FL 32750	Change <input type="checkbox"/> Addition <input type="checkbox"/>																
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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.																																													
<b>SIGNATURE:</b> _____ <b>R. STROGIS</b> <b>4/25/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																													