


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90034 033 ***158.75

DOCUMENT # P04000067317	
1. Entity Name BEACH MEDICAL SPECIALIST, P.A.	

Principal Place of Business 1930 SAN MARCO BLVD STE 201 - ST MARK'S PLACE JACKSONVILLE FL 32207	Mailing Address PO BOX 19427 JACKSONVILLE FL 32245
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2. Principal Place of Business 10095 BEACH BLVD	3. Mailing Address PO BOX 19427
Suite, Apt. #, etc. SUITE 400	Suite, Apt. #, etc.

City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32216	Country DUVAL
Zip 32245	Country DUVAL



1st MOORE CR2E034 (10/04)

4. FEI Number 770631940	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1930 SAN MARCO BLVD STE 201 - ST MARK'S PLACE JACKSONVILLE FL 32207	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D DIZON, ALEJANDRO C 10095 BEACH BLVD, STE 400 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: ALEJANDRO DIZON **3/10/2005** **904-2002978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #