

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076932

FILED  
Jan 24, 2005  
Secretary of State

**Entity Name:** CITRUS PARK INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

16646 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 273788  
TAMPA, FL 336883788

**New Mailing Address:**

P.O. BOX 273788  
TAMPA, FL 336183788

**FEI Number:** 20-1134999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, GARY ESQ.  
100 S. ASHLEY DRIVE, SUITE 1500  
TAMPA, FL 33602 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: D ( ) Delete  
Name: ODOM, MARTY W M.D.  
Address: 8508 HUGER WAY  
City-St-Zip: TAMPA, FL 33635

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

Title: D (X) Change ( ) Addition  
Name: ODOM, MARTY W M.D.  
Address: 16646 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33618

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: MARTY W. ODOM

PRES

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date