

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107595

Entity Name: PHYSICIANS DIRECTIVES, INC.

FILED
Jul 04, 2005
Secretary of State

Current Principal Place of Business:

7509 NORTH SHORES DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

7509 NORTH SHORES DRIVE
NAVARRE, FL 32566

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCHARD LAW FIRM, P.A.
8285 NAVARRE PARKWAY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

GALLAGHER & COMPANY, P.A.
6924 SEA CRAB CIRCLE
NAVARRE, FL 32566 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: WILLIAM GALLAGHER

07/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNETT, WAYNE
Address: 7509 NORTH SHORES DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WAYNE BURNETT

P

07/04/2005

Electronic Signature of Signing Officer or Director

Date