

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116584

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: COMPLETE FAMILY MEDICAL CENTER, P.A.

## Current Principal Place of Business:

10020 MUSTANG TRAIL  
SEBRING, FL 33875

## New Principal Place of Business:

219 U.S HWY 27 NORTH  
SEBRING, FL 33870

## Current Mailing Address:

10020 MUSTANG TRAIL  
SEBRING, FL 33875

## New Mailing Address:

219 U.S. HWY 27 NORTH  
SEBRING, FL 33870

FEI Number: 20-1705565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEIBER, MICHAEL L  
48 SE OSCEOLA STREET  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

KEIBER, MICHAEL L  
227 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33870 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:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: PYLE, KENDRA  
Address: 10020 MUSTANG TRAIL  
City-St-Zip: SEBRING, FL 33875

Title: VT ( ) Delete  
Name: PYLE, CRAIG  
Address: 10020 MUSTANG TRAIL  
City-St-Zip: SEBRING, FL 33875

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: PYLE, KENDRA  
Address: 219 U.S. HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: VT (X) Change ( ) Addition  
Name: PYLE, CRAIG  
Address: 219 U.S. HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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: CRAIG PYLE

VT

04/22/2005

Electronic Signature of Signing Officer or Director

Date