2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# P04000154863

Entity Name: NICHOLAS DODARO, M.D., P.A.

Current Principal Place of Business:

1728 PARK TERRACE WEST
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1728 PARK TERRACE WEST
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODARO, NICHOLAS
1701 THE GREENS WAY
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

DODARO, NICHOLAS
1728 PARK TERRACE W.
ATLANTIC BEACH, FL 32233 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: 07/06/2005
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: DPT ( ) Delete
Name: DODARO, NICHOLAS
Address: 1701 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DVS ( ) Delete
Name: DODARO, MARY CATHERINE
Address: 1701 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: DODARO, NICHOLAS
Address: 1728 PARK TERRACE W.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MD (X) Change ( ) Addition
Name: DODARO, MARY CATHERINE
Address: 1728 PARK TERRACE W.
City-St-Zip: ATLANTIC BEACH, FL 32233

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: NICHOLAS R. DODARO MD 07/06/2005
Electronic Signature of Signing Officer or Director Date