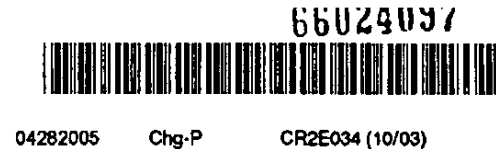


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

05-03-2005 90163 039 ***150.00

DOCUMENT # P04000162902		
1. Entity Name PHYSICIAN ASSISTS, INC.		
Principal Place of Business 274 MAIN ST. SEBASTIAN, FL 32958		Mailing Address 274 MAIN ST. SEBASTIAN, FL 32958
2. Principal Place of Business 6412 55TH SQ		3. Mailing Address 6412 55TH SQ
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State VERO BEACH, FL		City & State VERO BEACH, FL
Zip 32967	Country Ind. River	Zip 32967
Country Ind. River		
6. Name and Address of Current Registered Agent LUCERO, MARK M 274 MAIN ST. SEBASTIAN, FL 32958		
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 Mark M. Lucero Mark M. Lucero 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTIF - Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PYTD LUCERO, MARK M 274 MAIN ST. SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUCERO, JENNIFER 274 MAIN ST. SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark M. Lucero Mark M. Lucero 4/20/05 772.562.3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #