

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90223 039 ***150.00

DOCUMENT # P05000000904 1. Entity Name NORTH FLORIDA MEDICAL CONSULTANTS, P.A.					
Principal Place of Business 3426 NW 43 STREET SUITE B GAINESVILLE, FL 32606			Mailing Address 3426 NW 43 STREET SUITE B GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address NORTH FLORIDA MEDICAL CONSULTANTS			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 142485			
City & State		City & State GAINESVILLE, FL			
Zip		Zip 32614-2485		4. FEI Number 33-1107977	
Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, ANIL B 3426 NW 43 STREET SUITE B GAINESVILLE, FL 32606				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 <u>ANIL B THOMAS</u> <u>4/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DR. THOMAS, ANIL B 3426 NW 43 STREET, SUITE B GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u></u> <u>ANIL B THOMAS</u> <u>4/16/05</u> <u>3522627119</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					