

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 015 ***150.00

DOCUMENT # P92000013121 1. Entity Name PETER A. COURCY, M.D., P.A.					
Principal Place of Business 1011-A WEST MORENO ST. PENSACOLA, FL 32501			Mailing Address 1011-A WEST MORENO ST. PENSACOLA, FL 32501		
2. Principal Place of Business <i>1717 North E St</i>		3. Mailing Address <i>1717 North E St</i>			
Suite, Apt. #, etc. <i># 205</i>		Suite, Apt. #, etc. <i># 205</i>		04252005 Chg-P CR2E034 (10/03)	
City & State <i>Pensacola FL</i>		City & State <i>Pensacola FL</i>		4. FEI Number 59-3155203	
Zip <i>32501</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COURCY, PETER A M.D. 1011-A WEST MORENO ST. PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name <i>Courcy, Peter A MD</i> Street Address (P.O. Box Number is Not Acceptable) <i>1717 North E St</i> <i># 205</i> City <i>Pensacola</i> FL Zip Code <i>32501</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	P CAIN, DAVID W MD 1011A WEST MORENO STREET PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COURCY, PETER A 1011A WEST MORENO STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Courcy, Peter A.</i> <i>1717 North E St #205</i> <i>Pensacola FL 32501</i> <input checked="" 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	
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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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	
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: <i>Peter A Courcy</i>			04-27-05 850-434-1863		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		