2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015708

Entity Name: JOSEPH T. LUCAS, M.D., P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
9 ISLAND E PARKWAY PALM COAST, FL 32137 US	17050 SE 91ST CULVERT COURT THE VILLAGES, FL 32162 US

Current Mailing Address:	**New Mailing Address:**
9 ISLAND ESTATES PARKWAY PALM COAST, FL 32137	17050 SE 91 ST CULVERT COURT THE VILLAGES, FL 32162 US

FEI Number: 59-3173385   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
LUCAS, JOSEPH T M.D.P.A 9 ISLAND ESTATES PKWY. PALM COAST, FL 32137 US	LUCAS, JOSEPH T M.D. 17050 SE 91 ST CULVER T COURT. THE VILLAGES, FL 32162 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: JOSEPH T. LUCAS MD   04/19/2005
                        Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D ( ) Delete
Name:	LUCAS, JOSEPH T
Address:	9 ISLAND ESTATES PARKWAY
City-St-Zip:	PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DIR (X) Change ( ) Addition
Name:	LUCAS, JOSEPH T
Address:	17050 SE 91ST CULVERT COURT
City-St-Zip:	THE VILLAGES, FL 32162 US

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: JOSEPH T. LUCAS, MD   PRES   04/19/2005
                        Electronic Signature of Signing Officer or Director   Date