
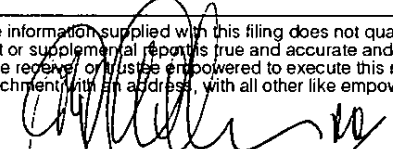


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90027 030 ***150.00

DOCUMENT # P93000030864					
1. Entity Name PINES MEDICAL ASSOCIATES, INC.					
Principal Place of Business 10081 PINES BLVD SUITE D PEMBROKE PINES FL 33024			Mailing Address 10081 PINES BLVD SUITE D PEMBROKE PINES FL 33024		
2. Principal Place of Business		3. Mailing Address 6011 SW 136 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Southwest Ranches FL			
Zip	Country	Zip	Country		
33330		USA			
6. Name and Address of Current Registered Agent WALKER, ROSE A 6011 SW 136TH AVE. SW RANCHES FL 33330			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 _____ <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 Make Check Payable to Florida Department of State.			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV WILLIAMS, JOHN V MD 6011 SW 136TH AVE. SW RANCHES FL 33330		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 reports 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:  John V. Williams MD 4/4/05 954 431-2336					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)