

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90275 044 \*\*\*150.00

DOCUMENT # P93000062967 1. Entity Name VICTORIA A. VITALE-LEWIS, M.D., P.A.	
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Principal Place of Business 1229 E STRAWBRIDGE AVE MELBOURNE, FL 32901	Mailing Address 1229 E STRAWBRIDGE AVE MELBOURNE, FL 32901
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66017651



01302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

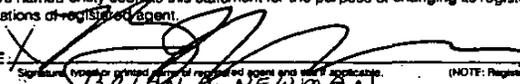
4. FEI Number 59-3199690	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent JONES, RICHARD 1290 W EAU GALLIE BLVD SUITE J MELBOURNE, FL 32935  BRIAN A. NEWMAN 215 SOUTH MONROE 2ND FLOOR TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**

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.

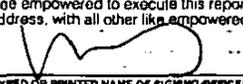
SIGNATURE:  DATE: 5/17/05

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT VITALE-LEWIS, VICTORIA A MD 1229 E STRAWBRIDGE AVE MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 5/19/05 DAYTIME PHONE: 321-276-5543