


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90418 032 \*\*\*150.00

<b>DOCUMENT # P93000069631</b> 1. Entity Name <b>CASEY N. GAINES, M.D., P.A.</b>																											
Principal Place of Business <b>1201 5TH AVE N STE 408 ST PETERSBURG, FL 33705 US</b>		Mailing Address <b>1201 5TH AVE N STE 408 ST PETERSBURG, FL 33705 US</b>																									
2. Principal Place of Business <b>603 7th Street South</b>		3. Mailing Address <b>603 7th Street South</b>																									
Suite, Apt. #, etc. <b>101</b>		Suite, Apt. #, etc. <b>Suite 101</b>																									
City & State <b>St. Petersburg FL</b>		City & State <b>St. Petersburg FL</b>																									
Zip <b>33701</b>	Country	Zip <b>33701</b>	Country																								
4. FEI Number <b>59-3210592</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GAINES, CASEY MD 1205 5TH AVE N STE 408 ST PETERSBURG, FL 33705</b>		7. Name and Address of New Registered Agent Name <b>Casey Gaines MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>603 7th Street South # 101</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>																									
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>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAINES, CASEY MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 5TH AVE N, STE 408</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG, FL</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	GAINES, CASEY MD		STREET ADDRESS	1201 5TH AVE N, STE 408		CITY-ST-ZIP	ST PETERSBURG, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Casey Gaines</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>603 7th Street S. #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Petersburg, FL 33701</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Casey Gaines		STREET ADDRESS	603 7th Street S. #101		CITY-ST-ZIP	St. Petersburg, FL 33701	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-29-05</b> Daytime Phone # <b>727 894 5511</b>																									

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