


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90023 024 ***150.00

DOCUMENT # P93000070830	
1. Entity Name GOOD SHEPHERD MEDICAL CLINIC, P.A.	

Principal Place of Business 11463 CORTEZ BLVD BROOKSVILLE, FL 34613 US	Mailing Address 11463 CORTEZ BLVD BROOKSVILLE, FL 34613 US
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24023977

2. Principal Place of Business 8425 NORTHCLIFFE BLVD Suite, Apt. #, etc. SUITE 101 City & State SPRING HILL FL Zip 34606 Country US	3. Mailing Address 8425 NORTHCLIFFE BLVD Suite, Apt. #, etc. SUITE 101 City & State SPRING HILL FL Zip 34606 Country US
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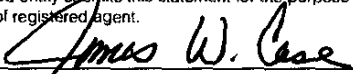


01092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3204729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASE, JAMES W MR 11463 CORTEZ BLVD BROOKSVILLE, FL 34613
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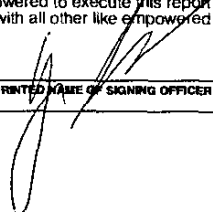
7. Name and Address of New Registered Agent Name CASE JAMES W MR Street Address (P.O. Box Number is Not Acceptable) 8425 NORTHCLIFFE BLVD SUITE 101 City SPRING HILL FL Zip Code 34606

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 	JAMES W. CASE	DATE 1/8/2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P LEE, ROGER MD 11371 CORTEZ BLVD BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROEBUCK MD, BRIAN 11337 CORTEZ BLVD BROOKSVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANIL BHATIA MD 11345 CORTEZ BLVD BROOKSVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8425 NORTHCLIFFE BLVD SUITE 107 SPRING HILL FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8425 NORTHCLIFFE BLVD SUITE 108 SPRING HILL FL 34606
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

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 2/27/04 Daytime Phone #