2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005
Secretary of State

DOCUMENT# P94000012861

Entity Name: KEVIN CHARLES O'LOUGHLIN, M.D., P.A.

Current Principal Place of Business:

2100 NEBRASKA AVE
SUITE 113
FORT PIERCE, FL 349504832

New Principal Place of Business:

Current Mailing Address:

PO BOX 126
FT PIERCE, FL 349540126

New Mailing Address:

FEI Number: 65-0483007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'LOUGHLIN, KEVIN C MD
1005 TREASURE LANE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: O'LOUGHLIN, KEVIN C
Address: 2100 NEBRASKA AVE, STE 113
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: O'LOUGHLIN, KEVIN C
Address: 2100 NEBRASKA AVE, STE 113
City-St-Zip: FORT PIERCE, FL 34950

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: KEVIN O'LOUGHLIN DR. 02/19/2005

Electronic Signature of Signing Officer or Director Date