2005 FOR PROFIT CORPORATION ANNIIAI REDORT (AR)

ANNUAL REPORT (AR)				P A FILED 2 4 2005	
1. Entity Nam		86		Mar 01, 2005 08:00 AM Secretary of States	
STUART.	A. BAINE, M.D., P.A.				
Principal Place of Business		Mailing Address			
5258 LINTON BLVD. 106		5258 LINTON BLVD 106			
	EACH FL 33484	DELRAY BEACH FL 3 US	3484	F INTERNAL HE 1889 BY AND REST AND REAL ENDS AND REAL FRANK IN THE REAL FRANK IN THE REAL PROPERTY OF THE	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 65-0482492 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required	
*	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
BAINE, STUART A			Name		
525	8 LINTON BLVD.		Street Address	s (P.O. Box Number is Not Acceptable)	
SUITE 106 DELRAY BEACH FL 33484					
	TAL DEACHTE 33404		City	⊏	
	named entity submits this statement f	or the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acce	
the obliga	gons of registered agent.				
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable (NO	E Registered Agent signature requi	red when reinstating) DATE	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	I	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	UTILE	☐ Change ☐ A·'"	
NAME	STUART, A BAINE MD	_	NAME		
STREET ADDRESS CITY-ST-ZIF	5258 LINTON BLVD., SUITE# 100 DELRAY BEACH FL	ő	STREET ADDRESS (HY-ST-71)		
TITLE		☐ Delete	TITLE -	#	
1MAM			NAME	वहराव राह-अविदेशों-छा र १५०,४०	
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		☐ Delete	NAME	∐ Change ☐ A.i."	
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STREET ADDRESS CITY-ST-ZIP			NAME STREEFADDRESS CHY ST-ZIP		
STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ A-4."	
STREET ADDRESS CHY: ST-7IP TITLE			NAME SIPELEADDRESS CITY ST-78P		

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 directed 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

