2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088124

Entity Name: NORTHEAST DOCTORS FAMILY DX CLINIC, P.A

FILED Jan 31, 2005 Secretary of State

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|--|--|----------|-----------------------|---|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| | (RENCE BLVD E HEIGHTS, FL | | US | PO BOX 18 KEYSTON | 520 E HEIGHTS, FL 32656 US | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| P.O. BOX 1 KEYSTONE | 520 E HEIGHTS, FL | 32656 | US | | | |
| FEI Number: 59-3276547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () | | | | | | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | |
| | A, OMA RENCE BLVD E HEIGHTS, FL | 32656 | US | VAN BRED PO BOX 19 KEYSTON | | |
| 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: OMA VAN BREDA | | | | | 01/31/2005 | |
| | Electronic | Signatur | e of Registered Agent | | Date | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | | | | |
| Title: Name: Address: City-St-Zip: | DCV () C VAN BREDA, OM 185 S. LAWRENC KEYSTONE HEIG | CE BLVD | 2656 | Title: Name: Address: City-St-Zip: | DCV (X) Change () Addition VAN BREDA, OMA PO BOX 1520 KEYSTONE HEIGHTS, FL 32656 | |
| Title: Name: Address: City-St-Zip: | VPD () C VAN BREDA, OM 185 S. LAWRENG KEYSTONE HEIG | CE BLVD | 2656 | Title: Name: Address: City-St-Zip: | VPD (X) Change () Addition VAN BREDA, OMA PO BOX 1520 KEYSTONE HEIGHTS, FL 32656 | |
| Title: Name: Address: City-St-Zip: | PD () E VAN BREDA, OM. 185 S. LAWRENG KEYSTONE HTS, | CE BLVD. | | Title: Name: Address: City-St-Zip: | PD (X) Change () Addition VAN BREDA, OMA PO BOX 1520 KEYSTONE HTS, FL 32656 | |
| Title: Name: Address: City-St-Zip: | ()[|)elete | | Title: Name: Address: City-St-Zip: | C () Change (X) Addition VAN BREDA, OMA PO BOX 1520 KEYSTONE HTS, FL 32656 | |
| Title: Name: Address: City-St-Zip: | ()[|)elete | | Title: Name: Address: City-St-Zip: | S () Change (X) Addition VAN BREDA, OMA PO BOX 1520 KEYSTONE HTS, FL 32656 | |
| Title: Name: Address: City-St-Zip: | () [|)elete | | Title: Name: Address: City-St-Zip: | P () Change (X) Addition VAN BREDA, OMA PO BOX 1520 KEYSTONE HTS, FL 32656 | |

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: OMA VAN BREDA CPVP 01/31/2005