2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# P94000088124

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

Current Principal Place of Business:

185 S. LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

PO BOX 1520
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

P.O. BOX 1520
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-3276547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN BREDA, OMA
185 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

VAN BREDA, OMA
PO BOX 1520
KEYSTONE HEIGHTS, FL 32656 US

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 Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCV ( ) Delete
Name: VAN BREDA, OMA
Address: 185 S. LAWRENCE BLVD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VPD ( ) Delete
Name: VAN BREDA, OMA
Address: 185 S. LAWRENCE BLVD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD ( ) Delete
Name: VAN BREDA, OMA
Address: 185 S. LAWRENCE BLVD.
City-St-Zip: KEYSTONE HTS, FL 32656

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCV (X) Change ( ) Addition
Name: VAN BREDA, OMA
Address: PO BOX 1520
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VPD (X) Change ( ) Addition
Name: VAN BREDA, OMA
Address: PO BOX 1520
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD (X) Change ( ) Addition
Name: VAN BREDA, OMA
Address: PO BOX 1520
City-St-Zip: KEYSTONE HTS, FL 32656

Title: C ( ) Change (X) Addition
Name: VAN BREDA, OMA
Address: PO BOX 1520
City-St-Zip: KEYSTONE HTS, FL 32656

Title: S ( ) Change (X) Addition
Name: VAN BREDA, OMA
Address: PO BOX 1520
City-St-Zip: KEYSTONE HTS, FL 32656

Title: P ( ) Change (X) Addition
Name: VAN BREDA, OMA
Address: PO BOX 1520
City-St-Zip: 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
Electronic Signature of Signing Officer or Director Date