

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009128

FILED
Jul 21, 2005
Secretary of State

Entity Name: PORT ORANGE INTERNISTS, P.A.

Current Principal Place of Business:

3890 TURTLE CREEK DR.
PORT ORANGE, FL

New Principal Place of Business:

3890 TURTLE CREEK DR.
PORT ORANGE, FL 32129

Current Mailing Address:

3890 TURTLE CREEK DR.
PORT ORANGE, FL

New Mailing Address:

3890 TURTLE CREEK DR.
PORT ORANGE, FL 32129

FEI Number: 59-3292082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, SCOTT E
595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOUSSLY, SOUHEIL M.D.
Address: 3890 TURTLE CREEK DR.
City-St-Zip: PORT ORANGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOUSSLY, SOUHEIL M.D.
Address: 3890 TURTLE CREEK DR.
City-St-Zip: PORT ORANGE, FL 32129

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: SOUHEIL MOUSSLY

D

07/21/2005

Electronic Signature of Signing Officer or Director

Date