## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 06, 2005 8:00 am Secretary of State

DOC_UMENT # P95000016879			AIIIIOA	IXEI OIXI			_	BULLU	ary or St	au	
CO PETER POLICIOS, MD. 10 PARK PACE BLVD, SUTE 1-A RISSIMMEE, FL 34741  2. Principal Place of Business  Suite, Adul II. etc.  Suite, Adul III. etc.  Suite, Adultiness  Suite, Adultiness  Suite, Adultiness of Suite, Dissier   Suite, Adultiness  Suite, Adultiness of New Registered Agent  T. Name and Address of Policia. I an immilier with, and accept the debte of registered agent.  Suite Address (P.O. Box Number is Not Acceptable)  FLLE NOWITH FEE IS \$150.00  FLLE NOWITH FEE IS \$150.00  FLLE NOWITH FEE IS \$150.00  Sub by September 7, 2005  PULD Specific Number (Table Specific Number Specific Or registered displaces of registered agent.  This Address (P.O. Box Number III. Numbe	1. Entity Name						_				
C/O PETER POLICIS, MD. 10 PARK PAGE BLVD, SUITE 1-A KISSIMMEE, FL 34741  2. Principal Place of Business  Suite, And II. etc.  Suite, AS State  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  Country  City & State  Country  City & FL  Viol Cocte  City & FL  V	Principal Place	e of Rusiness		Mailing Address							
Sale Apt #, etc.    City & State   City & State   City & State   A. FEI Number   Sp. 3295851   Name and Address of Current Registered Agent   T. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address of Name Registered Agent   T. Name and Address of Name Registered Agent   T. Name and Address of Name Registered Agent   T. Name and	C/O PETER POULOS, M.D. 101 PARK PLACE BLVD., SUITE 1-A			C/O PETER POULOS, M.D. 101 PARK PLACE BLVD., SUITE 1-A			4 (0.00) (0.00)		÷ 00/00 / 10/10 01/20/ 48/2/ 10/10 10/	1 <b>20</b>   \$1   1 <b>3</b>	
City & State    City & State   City & State   City & State   City & State   A. FEI Number   Sp-3295851   Mapped For   Red Applicable   Sp-3295851   Red Applicable   Red Applica	2. Principal P	lace of Busin	ess	3. Mailing Address	. Mailing Address						
Zip Country Zip Country 59-3295851   Not Applicable Solution of Status Desired   Status Des	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)		
FOUST, KATHLEEN M 17 S. ORLANDO AVE KISSIMMEE, FL 34741  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  9. Election Campaign Financing Thus FULE NOW!!! FEE IS \$150.00 Due by September 7, 2005  9. Election Campaign Financing Thus Full Now!!! FEE IS \$150.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT FULL NOW!!! FEE IS \$150.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT FULL NOW!!! FEE IS \$150.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT FULL NOW!!! FEE IS \$150.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME POULDS, PETER S INSTITUTIONS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 11. SIRET ADDITES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UNIT NAME 12. SIRET ADDITES 12. SIRET ADDITES 13. SIRET ADDITES 14. SIRET ADDITES 15. SIRET ADDITES 15. SIRET ADDITES 15. SIRET ADDITES 16. SIRET ADDITES 16. SIRET ADDITES 16.	City & State			City & State			1				
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FOLIANDO AVE.  KISSIMMEE, FL. 34741  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior on the state of Florida. I am lamillar with, and accept the prior of Florida. I am lamillar with, and accept the prior of Florida. I am lamillar with, and accept the prior of Florida. I am lamillar with, and accept the prior of Florida state of Florida. I am lamillar with, and accept the prior of Florida state of Florida. I am lamillar with, and accept the prior of Florida state of Florida. I am lamillar with, and accept the prior of Florida state of Florida. I am lamillar with, and accept the prior of Florida state of Florida. I am		6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
TO SIGNATURE Signature in the purpose of changing its registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of registered agent, or both. In the State of Florida, 1 am familiar with, and accept the deligations of Florida State and Florida.    Date	COURT V	ATULCEN	6.4			Name					
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Trust Fund Contribution. Added to Fees   Corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    TITLE	SIGNATURE	Signature, typed	or printed name of registered agent	and life if applicable. (I	NO1E Registere	d Agent signalure requir	ed when reinstating)		DATE		
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