2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 10, 2005 08:00 AM DOCUMENT # P95000052945 **Secretary of State** ERIC W. SHULTZ DPM, P.A. Principal Place of Business _ Mailing Address 5300 SAN JUAN AVE 5300 SAN JUAN AVE JACKSONVILLE, FL 32210 US JACKSONVILLE, FL 32210 US 03062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3315544 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHULTZ, ERIC W DO NOT WRITE 5300 SAN JUAN AVE JAX, FL 32210 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when rainstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPM TITLE U00000257597 03/10/05-80008-004 150.00 SHULTZ, ERIC W NAME STREET ADDRESS 5300 SAN JUAN AVE CITY-ST-ZIP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 31111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 director of the corporation or the receiver or transfer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

O DEFICER OR DIRECTOR

ERIC W SHULTZ, DPM 03/07/05