

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097134

FILED
May 05, 2005
Secretary of State

Entity Name: CITRUS BONE & JOINT SPECIALISTS, P.A.

Current Principal Place of Business:

3264 W. AUDUBON PARK
PATH
LECANTO, FL 344618547

New Principal Place of Business:

Current Mailing Address:

3264 W. AUDUBON PARK
PATH
LECANTO, FL 344618547

New Mailing Address:

FEI Number: 59-3351572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COUCH, RICHARD CRANE
3264 W AUDUBBON PK PATH
LECANTO, FL 344618547 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: DP () Delete
Name: COUCH, RICHARD CRANE D.O.
Address: 3264 W AUDUBBON PK PATH
City-St-Zip: LECANTO, FL 344618547

Title: ST () Delete
Name: COUCH, KATHLEEN C D.O.
Address: 3264 W AUDUBBON PK PATH
City-St-Zip: LECANTO, FL

Title: AT () Delete
Name: COUCH, CATHARINE C
Address: 3264 W AUDUBBON PK PATH
City-St-Zip: LECANTO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: COUCH, KATHLEEN C D.O.
Address: 3264 W AUDUBBON PK PATH
City-St-Zip: LECANTO, FL 344618547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN C COUCH,DO

ST

05/05/2005

Electronic Signature of Signing Officer or Director

_____ Date