## FILED Feb 16, 2005 08:00 AM Secretary of State

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

| 1, Entity Nan  | MENT # P960000071<br>M. HERBERT, M.D., P.A.  |   |   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| DAMICE:  | W. FILROLRI, W.D., F.A.  |   |   |  |  |  |  |
| Principal Plac   | e of Business  | Mailing Address   | . <del></del>   | ]  |  |  |  |
| 1012 NEBRA<br>PALM HARBA   | ASKA AVE<br>GR, FL 34683   | 1012 NEBRASKA AVE<br>Palm Harbor, FL 34683  |   |  |  |  |  |
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|  | 6. Name and Address of Current R   | egistered Agent   |   | Company of the compan | Printer Communication of the C | The state of the s | principle to go the control of the c |
| HERBERT, JANICE M M.D.<br>115 14TH AVE., N.E.<br>ST. PETERSBURG, FL 33701  |  |   |   | DO   | NOT W  | RITE   |  |
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| 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 Sometime, typed or printed name of registered agent and title (applicable (NOTE Registered Agent argusture required when reinstating)  OATE  |  |   |   |  |  |  |  |
| Fil.<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 fee will be \$550.00  | Election Campaign Final     Trust Fund Contribution.  |   | .00 May Be<br>led to Fees  | ***************************************  |  |  |
| 10.  | OFFICERS AND D   | RECTORS   |   |  |  |  | The special of the same  |
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| STREET ADDRESS<br>CITY-ST-ZIP  | 115 14TH AVE., N.E.<br>ST. PETERSBURG, FL 33701  |   |   |  | 12/16/05<br>102/16/05  | 023085 <b>4</b><br>-8000 <b>7</b> -0   | O <b>S</b> 150.00  |
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| 12. I hereby of indicated of the con-  | certify that the information supplied with it<br>on this report or supplemental report is tr<br>poration or the receiver or trustee empow<br>or on an attachment with an address, with | is filing does not quality for the exe<br>ue and accurate and that my signal<br>ered to execute this report as requi<br>hall other like Emnowered | mption stated in Seture shall have the s<br>red by Chapter 607  | ction 119.07(3)(i<br>same legal effect<br>, Florida Statutes   | ), Florida Statutes. I<br>t as if made under or<br>s; and that my name   | further certify thath; that I am ar<br>appears in Blo  | nat the Information<br>officer or director<br>ck 10 or Block 11 if   |
| SIGNATURE 7. 7. Thereof  |  |   |   |  |  |  |  |