

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010573

FILED
Apr 04, 2005
Secretary of State

Entity Name: NORTH FLORIDA FAMILY PRODIATRY CENTER, P.A.

Current Principal Place of Business:

3721 N.W. 40TH TERRACE
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607

Current Mailing Address:

3721 N.W. 40TH TERRACE
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607

FEI Number: 59-3364883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORNSTEIN, BRUCE C D.P.M.
3721 N.W. 40TH TERRACE
SUITE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

ORNSTEIN, BRUCE C D.P.M.
500 NW 43RD STREET
SUITE 2
GAINESVILLE, FL 32607 US

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: BRUCE ORNSTEIN

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORNSTEIN, BRUCE C D.P.M.
Address: 3721 N.W. 40TH TERRACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ORNSTEIN, BRUCE C D.P.M.
Address: 500 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32607

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: BRUCE ORNSTEIN

DR.

04/04/2005

Electronic Signature of Signing Officer or Director

Date