

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 OCT -4 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000018394			
1. Entity Name KELLY M. BOSWELL, PH.D., P.A.			
Principal Place of Business 60 OCEAN BLVD. SUITE 3 ATLANTIC BEACH, FL 32233 US		Mailing Address 60 OCEAN BLVD. SUITE 3 ATLANTIC BEACH, FL 32233 US	
2. Principal Place of Business 6817 Southpoint Parkway Suite, Apt. #, etc. Suite 904		3. Mailing Address 6817 Southpoint Parkway Suite, Apt. #, etc. Suite 904	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216		Country USA	
Zip 32216		Country USA	
4. FEI Number 59-3365690		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOSWELL, KELLY M 60 OCEAN BLVD. SUITE 3 ATLANTIC BEACH, FL 32233		Name Kelly Boswell	
		Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway	
		Suite 904	
		City Jacksonville	
		FL Zip Code 32216	
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOSWELL, KELLY M 60 OCEAN BLVD.,STE. 3 ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Boswell, Kelly M 6817 Southpoint Parkway, Suite 904 Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 trustee 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: <input checked="" type="checkbox"/>		Date _____ Daytime Phone # _____	

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