

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027638

FILED
Apr 12, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

150 SE 17TH ST
STE 604
OCALA, FL 344756695

New Principal Place of Business:

1805 SE LAKE WEIR AVE
OCALA, FL 34471

Current Mailing Address:

121 NW 3RD ST
OCALA, FL 344756695

New Mailing Address:

FEI Number: 59-3375484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C
121 NW 3RD ST
OCALA, FL 344756695 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANORANJAN, SINGH P
Address: 150 SE 17TH ST STE 603
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MANORANJAN, SINGH P
Address: 1805 SE LAKE WEIR AVE
City-St-Zip: OCALA, FL 34471

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: MANORANJAN SINGH, MD, FACC

DR

04/12/2005

Electronic Signature of Signing Officer or Director

Date