## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2005 08:00 AM Secretary of State

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DO NOT WRITE IN THIS SPACE    1/272005   No Chg-P   CR26034 (10/03)   No C	3599 UNIVE SUITE 804	ERSITY BLVD S	-3599 UNIVERSITY BLVD S SUITE 804	US	T 	(	<b>                                    </b>	
ABRAMSON, MARK L M.D. 3599 UNIVERSITY BLVD SOUTH #804  JACKSONVILLE, FL 32218  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, a three chilipations of registered agent.  SIGNATURE    Signature, 1994 or printed new of registered agent end title a septicable.   (NOTE Registered Agent Signature required when sets alterly)   DATE    FILE NOW!!! FEE IS \$150,00				CE	01272005 4. FEI Numbe 59-340	No Chg-P er 0631	CR2E034	Applied For Not Applicable
SSS9 UNIVERSITY BLVD SOUTH #80.4  JACKSONVILLE, FL 32218  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE.  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS		6. Name and Address of Current Re	gistered Agent					
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, a the obligations of registered agent.  SIGNATURE  Signatum, tipod or printed name of registered agent agent and this a explosible.  (NOTE Registered Agent Signatura, deputed when retrained)  DATE  FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  ITITL  DACKSONVILLE, FL 32216  ITITL  ITITL  DACKSONVILLE, FL 32216  ITITL  ITITL  DACKSONVILLE, FL 32216  ITITL  ITITL  ITITL  DACKSONVILLE, FL 32216  ITITL  ITITL	3599 UNI #804	VERSITY BLVD SOUTH						
10. OFFICERS AND DIRECTORS  TITLE D NAME SHAH, SHAILENDU K MD STREET ADDRESS GITY-ST-ZIP JACKSONVILLE, FL 32216  TITLE D ABRAMSON, MARK L MD ABRAMSON, MARK L MD SIRETI ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216  TITLE D NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216  TITLE D MIQUEL, GEORGE JR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216  TITLE D NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STRE	SIGNATURE	Signature, typed or printed name of registered agent and	9. Election Campaign Fina Trust Fund Contribution	ancing \$5	.00 May Be ed to Fees		DATE	
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NAME STREET ADDRESS	NAME STREET ADDRESS				IN 7	THIS SF	ACE	-
CITY-ST-ZIP  TITLE	NAME STREET ADDRESS CITY-ST-ZIP							namenovan 17 - 17 - 1

12. I hereby certify that the information supplied with this filling 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 trueland 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TRED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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