

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                |                                                                                   |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000092521</b><br>1. Entity Name<br>PALM HARBOR-WEST CHASE MEDICAL GROUP, P.A. |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>3830 TAMPA RD #500<br>PALM HARBOR, FL 34684 US | Mailing Address<br>3830 TAMPA RD #500<br>PALM HARBOR, FL 34684 US |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0711269                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

6. Name and Address of Current Registered Agent  
  
DEAN, ROBERT M M.D.  
3830 TAMPA ROAD  
SUITE 500  
PALM HARBOR, FL 34684

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
DATE \_\_\_\_\_

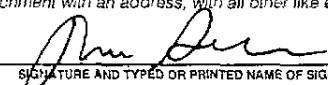
|                                                                                     |                                                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                                         |
|--------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>DEAN, ROBERT M M.D.<br>3830 TAMPA RD #500<br>PALM HARBOR, FL 34684 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                         |

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02/01/05-80038-004 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **ROBERT M. DEAN** 1/28/05 717-187-4383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #