




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000100696</b> 1. Entity Name BARBARA A. DRISCOLL RN P.A.			
Principal Place of Business 3442 SE LAKE WEIR RD OCALA, FL 34471		Mailing Address 3442 SE LAKE WEIR RD OCALA, FL 34471	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04292005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3421359	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DRISCOLL, JOHN T 3442 S.E. LAKE WEIR RD OCALA, FL 34471		<b>DO NOT WRITE IN THIS SPACE</b>	
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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000358941 03/04/05-80136-010 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DRISCOLL, BARBARA A 3442 S.E. LAKE WEIR RD OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DRISCOLL, JOHN T 3442 S.E. LAKE WEIR RD. OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  <b>JOHN T DRISCOLL</b>		Date <b>4/28/05</b> Daytime Phone # <b>352 622-5664</b>	