2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# P97000041503

Entity Name: CYPRESS MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

819 CYPRESS VILLAGE BLVD.
RUSKIN, FL 33573

New Principal Place of Business:

Current Mailing Address:

819 CYPRESS VILLAGE BLVD.
RUSKIN, FL 33573

New Mailing Address:

FEI Number: 59-3446098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEARNS-BOMAR, CAROL A
819 CYPRESS VILLAGE BLVD.
RUSKIN, FL 33573 US

Name and Address of New Registered Agent:

STEARNS, CAROL A
819 CYPRESS VILLAGE BLVD.
RUSKIN, FL 33573 US

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: CAROL A. STEARNS 07/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEARNS-BOMAR, CAROL A
Address: 819 CYPRESS VILLAGE BLVD.
City-St-Zip: RUSKIN, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STEARNS, CAROL A
Address: 819 CYPRESS VILLAGE BLVD.
City-St-Zip: RUSKIN, FL 33573

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: CAROL A. STEARNS PRES 07/21/2005
Electronic Signature of Signing Officer or Director Date