2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2005
Secretary of State

DOCUMENT# P97000042487

Entity Name: M D CLINIC, P.A.

Current Principal Place of Business:

9980 CENTRAL PARK BLVD
#314
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

599 WEST ROYAL PALM RD
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0758582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311 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: STAMPALIA, ANTHONY M.D.
Address: 12618 MAYPAN DR
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STAMPALIA, ANTHONY M.D.
Address: 599 WEST ROYALK PALM RD
City-St-Zip: BOCA RATON, FL 33486

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: ANTHONY STAMPALIA MD 03/20/2005

Electronic Signature of Signing Officer or Director Date