


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 033 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P97000045794 1. Entity Name CENTRAL PALM MEDICAL GROUP, INC. | | | |  | |
| Principal Place of Business 4332 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 | | | Mailing Address 4332 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 | | |
| 2. Principal Place of Business 1905 CLINT MOORE RD Suite, Apt. #, etc. 308 | | 3. Mailing Address 1905 CLINT MOORE ROAD Suite, Apt. #, etc. 308 | | | |
| City & State BOCA RATON FL | | City & State BOCA RATON FL | | 4. FEI Number 65-0775042 | |
| Zip 33496 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ETTEDGUI, DANIEL 7505 LONDON LANE BOCA RATON, FL 33433 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ETTEDGUI, DANIEL 7505 LONDON LANE BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="text-align: right;"> 5-9-05 561-912-9580 <small>Date Daytime Phone #</small> </div> | | |

Attachment
40684429
P97000045794

Central Palm Medical Group

DANIEL ETTEDEGUI, D.O.
JASON A. CLEVELAND, D.C.

May 9, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing to request a short grace period for the filing of our corporate return. At the beginning of this calendar year, we sold this business under an asset purchase agreement. Unfortunately, we did not receive our notice of annual report due. Since our mail was being processed by the new owner, there was confusion at times as to which party the mail pertained to.

We would really appreciate your consideration in this matter. Any questions or issues can be directed to my administrator, Debbie Myers at (561) 912-9580, ext 103.

Sincerely,



Daniel Ettegui, D.O.