


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 047 ***150.00

DOCUMENT # P97000054515

1. Entity Name
 KIELY, JEREMIAH AND BARBERIS, P.A.



Principal Place of Business
 5978 POWERS AVE
 JACKSONVILLE, FL 32217

Mailing Address
 5978 POWERS AVE
 JACKSONVILLE, FL 32217


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 7749 DEERWOOD POINT COURT
 Suite, Apt. #, etc.

City & State
 JACKSONVILLE, FL

Zip
 32256

Country
 U.S.A.



07142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 JEREMIAH, CLIFFORD
 5978 POWERS AVE
 JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
 Name: CARLOS R. BARBERIS
 Street Address (P.O. Box Number is Not Acceptable):
 7749 DEERWOOD POINT COURT
 City: JACKSONVILLE FL Zip Co: 32256

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: *Carlos Barberis*; CARLOS R. BARBERIS, MD - OFFICER - PARTNER - 7/14/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR JEREMIAH, CLIFFORD 5978 POWERS AVE JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KIELY, ROBERT 5978 POWERS AVE JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BARBERIS, CARLOS R 1021 CESERY BLVD JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carlos Barberis, MD - CARLOS R. BARBERIS, OFFICER/PARTNER* - (904)642-3683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/14/2005 Daytime Phone #