

2005 FOR PROFIT CORPORATION ANNUAL REPORT


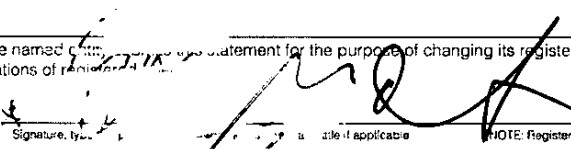
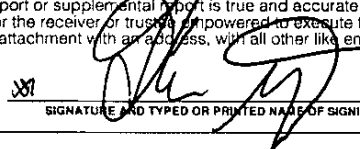
FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90321 001 ***750.00

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03222005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000000220			
1. Entity Name THOMAS G. STAVOY, M.D., P.A.			
Principal Place of Business 311 N CLYDE MORRIS BLVD SUITE 180 DAYTONA BEACH, FL 32114		Mailing Address 311 N CLYDE MORRIS BLVD SUITE 180 DAYTONA BEACH, FL 32114	
2. Principal Place of Business 1890 LPGA Blvd		3. Mailing Address 1890 LPGA Blvd	
Suite, Apt. #, etc. Ste #160		Suite, Apt. #, etc. Ste #160	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32117	Country	Zip 32117	Country
4. FEI Number 59-3490543		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAVOY, THOMAS G 311 N CLYDE MORRIS BLVD SUITE 180 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Snell, GRORY Street Address (P.O. Box Number is Not Acceptable) 700 West Grand City Ormond Bch FL Zip Code 32174	
8. The above named agent has executed a 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 		DATE 4/29/05	
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	PSTD STAVOY, THOMAS G 311 N CLYDE MORRIS BLVD STE 180 DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1890 LPGA Blvd. Ste #160 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Date 3/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	