


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90049 027 ***150.00

DOCUMENT # P98000001700			
1. Entity Name JEANETTE M. BILLETT, M.D., P.A.			
Principal Place of Business 1921 WALDEMERE STREET SUITE 201 SARASOTA, FL 34239		Mailing Address PO BOX 4234 SARASOTA, FL 34230-4234	
2. Principal Place of Business P.O. BOX 2916		3. Mailing Address P.O. BOX 19797	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOONE, NC		City & State SARASOTA FL	
Zip 28607	Country US	Zip 34276	Country US
4. FEI Number 65-0804064		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 QUICKER, MICHAEL J ESQ. 7061 S. TAMIAMI TRAIL 106 SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Michael J. Quicker, Esq.</i></u> DATE <u><i>24-JAN-2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PD BILLETT, JEANETTE M MD 1921 WALDEMERE STREET STE 201 SARASOTA, FL 342302767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	289 PREAKNESS DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 2916 BOONE, NC 28607
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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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #