

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018244

FILED
Feb 07, 2005
Secretary of State

Entity Name: PALM GROVE MEDICAL PROPERTIES, INC.

Current Principal Place of Business:

2818 W. VIRGINIA AVENUE
TAMPA, FL 33607

New Principal Place of Business:

727 W. FLETCHER AVENUE
TAMPA, FL 33612

Current Mailing Address:

2818 W. VIRGINIA AVENUE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3505882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSTON, JOHN H MD
2818 W VIRGINIA AVE
TAMPA, FL 33607 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: YELVERTON, ROBERT W MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: LERNER, ALEXANDER M MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: KILBRIDE, KATHLEEN MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: DP () Delete
Name: MARSTON, JOHN H MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: MINTON, DAVID MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: FALLIERAS, NICHOLAS G MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MINTON, DAVID C MD
Address: 2818 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN H. MARSTON, MD

DP

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date