


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90033 041 \*\*\*150.00

DOCUMENT # P98000024399		
1. Entity Name GERARDO F. OLIVERA, M.D., P.A.		

Principal Place of Business 3770 ENCHANTED OAKS LANE SEBRING, FL 33875-4777	Mailing Address 3770 ENCHANTED OAKS LANE SEBRING, FL 33875-4777
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2. Principal Place of Business <b>5226 MAGNOLIA PLACE</b>	3. Mailing Address <b>5226 MAGNOLIA PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SEBRING FL</b>	City & State <b>SEBRING FL</b>
Zip <b>33872</b>	Country <b>US</b>



01272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0819787	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  OLIVERA, GERARDO F 3770 ENCHANTED OAKS LANE SEBRING, FL 33875-4777
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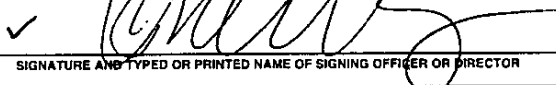
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5226 MAGNOLIA PLACE</b> City <b>SEBRING</b> FL Zip Code <b>33872</b>
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8. The above named entity submits this statement for the purpose of changing 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 <b>2/6/05</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVERA, GERARDO F 3770 ENCHANTED OAKS LANE SEBRING, FL 338754777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVERA, GERARDO F 3770 ENCHANTED OAKS LANE SEBRING, FL 33876- <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
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
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.
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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