


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90027 018 ***150.00

DOCUMENT # P98000032348	
1. Entity Name JOSEPH D. BIANCHI, M.D., P.A.	

Principal Place of Business 311 NORTH CLYDE MORRIS BLVD. #550 DAYTONA BEACH FL 32114 <i>Twin Lakes Medical Center</i>	Mailing Address 311 NORTH CLYDE MORRIS BLVD. #550 DAYTONA BEACH FL 32114 <i>Twin Lakes Medical Center</i>
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2. Principal Place of Business 1890 LPGA Boulevard <i>Suite 250</i>	3. Mailing Address 1890 LPGA BLVD. <i>Suite 250</i>
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1st MOORE CR2E034 (10/04)

City & State Daytona Beach FL	City & State Daytona Bch, FL
Zip 32117	Zip 32117
Country USA	Country USA

4. FEI Number 59-3542314	Applied For <input type="checkbox"/> 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 BIANCHI, JOSEPH D MD 311 NORTH CLYDE MORRIS BLVD. #550-2757 DAYTONA BEACH FL 32114
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7. Name and Address of New Registered Agent Name Joseph Bianchi, MD Street Address (P.O. Box Number is Not Acceptable) 1890 LPGA Boulevard Suite 250 City Daytona Beach FL Zip Code 32117

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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable	JOSEPH D. BIANCHI (NOTE: Registered Agent signature required when reinstating)	4/4/05 DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIANCHI, JOSEPH D MD 311 N CLYDE MORRIS BLVD #550 DAYTONA BEACH FL 32114 <input checked="" 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
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	President Bianchi, Joseph M.D. Twin Lakes Medical Center 1890 LPGA Boulevard, Suite 250 Daytona Beach, FL 32117-7131 <input checked="" 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
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

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JOSEPH D BIANCHI Date 4/4/05 Daytime Phone # 386-274-0250
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