

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2005
Secretary of State**

DOCUMENT# P98000066625

Entity Name: ADULT MEDICINE CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

210 JUPITER LAKES BLVD
BLDG 4000 STE 103
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2208
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-0853028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MIGUEL
296 FLAMINGO PT.N.
JUPITER, FL 33458 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: LOPEZ, MIGUEL
Address: 296 FLAMINGO PT N
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: LOPEZ, IRMA V
Address: 296 FLAMINGO PT N
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: IRMA V LOPEZ

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date