

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083334

FILED
Apr 25, 2005
Secretary of State

Entity Name: G. MICHAEL SWOR, M.D., P.A.

Current Principal Place of Business:

1617 SOUTH TUTTLE
1A
SARASOTA, FL 34239

New Principal Place of Business:

1617 SOUTH TUTTLE
1A
SARASOTA, FL 34239 US

Current Mailing Address:

1617 SOUTH TUTTLE
1A
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0862994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWOR, G. MICHAEL
1617 SOUTH TUTTLE AVE.
SUITE 1A
SARASOTA, FL 34239 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: SWOR, G M M.D.
Address: 1617 SOUTH TUTTLE AVE STE 1A
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: JEFFERSON, TERI
Address: 1617 SOUTH TUTTLE AVE STE 1A
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: BOURDEAUX, KIM
Address: 1617 SOUTH TUTTLE AVE STE 1A
City-St-Zip: SARASOTA, FL 34239

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:

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: G. MICHAEL SWOR, MD

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04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date