


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90002 009 ***150.00

DOCUMENT # P98000106995	
1. Entity Name HOUSE PHYSICIAN, INC.	

Principal Place of Business 13136 RIVERGATE CT. JACKSONVILLE, FL 32223	Mailing Address 13136 RIVERGATE CT. JACKSONVILLE, FL 32223
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50053242



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3554461		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SEAGRAVE, DEMONT 13136 RIVERGATE CT JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SEAGRAVE, DEMONT 13136 RIVER GATE CT JACKSONVILLE, FL 32223 <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	VS SEAGRAVE, DEMONT 13136 RIVERGATE CT JACKSONVILLE, FL 32223 <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.

SIGNATURE: Demont Seagrave **DEMONT SEAGRAVE PRES 5-31-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

50053242

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 24, 2005

HOUSE PHYSICIAN, INC.
13136 RIVERGATE CT.
JACKSONVILLE, FL 32223

SUBJECT: HOUSE PHYSICIAN, INC.
Ref. Number: P98000106995

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

- PRESS #4

Katrina Sutphin

Letter Number: 105A00037402

DEAR SIR, FILLED OUT EXACT PAPER WORK
AS YOU SENT BACK TO ME. CALLED -245-6059
+ THEY TOLD ME, THIS ONE IS O.K. THIS IS THE
SECOND TIME THIS HAS HAPPEN !

AS EVER

DW Brown Pm