

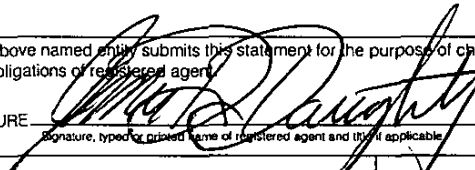
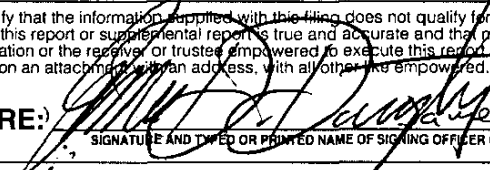


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90015 038 ***158.75

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|--|--|--|--|--|--|
| DOCUMENT # P99000006218 1. Entity Name JAMES D. DAUGHTRY, M.D. P.A. | | | |  | |
| Principal Place of Business 1004 S. OLD DIXIE HWY., STE. 202 JUPITER, FL 33458 | | | Mailing Address 1004 S. OLD DIXIE HWY., STE. 202 JUPITER, FL 33458 | | |
| 2. Principal Place of Business 3345 Burns RD | | 3. Mailing Address 3345 Burns RD | |  07052005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. Suite 105 | | Suite, Apt. #, etc. Suite 105 | | | |
| City & State Palm Beach Gardens FL | | City & State Palm Beach Gardens FL | | | |
| Zip Country 33410 USA | | Zip Country 33410 USA | | | |
| 4. FEI Number 65-0890163 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent DAUGHTRY, JAMES D M.D. 1004 S. OLD DIXIE HWY., STE. 202 JUPITER, FL 33458 | | | 7. Name and Address of New Registered Agent Name Daughtry, James D., M.D. Street Address (P.O. Box Number is Not Acceptable) 3345 Burns RD Suite 105 City Palm Beach Gardens FL Zip Code 33410 | | |
| 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  James Daughtry 7-6-05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DAUGHTNY, JAMES 1004 OLD DIXIE HIGHWAY, #202 JUPITER, FL 33458 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DAUGHTNY, JAMES 1004 OLD DIXIE HIGHWAY, #202 JUPITER, FL 33458 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DAUGHTNY, JAMES 1004 OLD DIXIE HIGHWAY, #202 JUPITER, FL 33458 | <input type="checkbox"/> Delete | | | |
| 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 reports 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:  James Daughtry - D 7-6-05 561-622 4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |