

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 008 ***150.00

DOCUMENT # P99000058319 1. Entity Name FLORIDA SPECIALISTS, P.A.					
Principal Place of Business 1112 GOODLETTE RD N SUITE 100 NAPLES, FL 34102			Mailing Address 1112 GOODLETTE RD N SUITE 100 NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3584484				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			7. Name and Address of New Registered Agent		
DOOLEY, WILLIAM A 1432 FIRST ST SARASOTA, FL 34237			Name <u>Thomas A. Graham III</u> Street Address (P.O. Box Number is Not Acceptable) <u>4851 TAMMAMIT TRAIL N</u> Suite <u>402</u> City <u>NAPLES</u> FL Zip Code <u>34103</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent Signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP REGALA, PHILIP 1112 GOODLETTE RD N SUITE 100 NAPLES, FL 34102 <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	TD HAVIG, MICHAEL 1112 GOODLETTE RD N SUITE 100 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/9/05</u> Daytime Phone # _____		