## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000062019

Entity Name: DELRAY BEACH PHYSICIANS ASSOCIATES, INC.

FILED Jan 10, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444 FEI Number: 65-0933423 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BADER, STEVEN 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete () Change () Addition BADER, STEVEN Name: Name:

 Name:
 BADER, STEVEN
 Name:

 Address:
 265 NORTHEAST 2ND AVENUE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 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: STEVEN BADER PSTD 01/10/2005