2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079023

Entity Name: MPH AND ASSOCIATES OF CENTRAL FLORIDA, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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742 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701
724 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701
SAINT PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

742 2ND AVENUE SOUTH 724 2ND AVENUE SOUTH SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701

FEI Number: 59-3600736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOSS, DAVID N
742 2ND AVE S
7AINT PETERSBURG, FL 33701 US
MAGGIO, FRANK S
724 2ND AVENUE SOUTH
SAINT PETERSBURG, FL 33701 US

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: FRANK S. MAGGIO 04/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MAGGIO, FRANK MAGGIO, FRANK S Name: Name: 742 2ND AVE S STE 200 724 2ND AVE S STE 200 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 GALLAHER, CRAIG
 Name:
 GALLAHER, CRAIG

 Address:
 10202MIRACLE LANE
 Address:
 10202 MIRACLE LANE

 City-St-Zip:
 NEW PORT RICHEY, FL 34654
 City-St-Zip:
 NEW PORT RICHEY, FL 34654

Title: STD () Delete Title: () Change () Addition

 Name:
 FEIBE, CRAIG
 Name:

 Address:
 11046 LAKEVIEW DR
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34654
 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: FRANK S. MAGGIO PD 04/20/2005