

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091376

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: MEDICAL OFFICE MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

4205 BELFORT RD., STE. 3004  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

4205 BELFORT RD., STE. 3004  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3603857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROWICKI, STANLEY D M.D.  
4205 BELFORT RD., STE. 3004  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

SALIBA, PETER P M.D.  
4205 BELFORT RD., STE. 3004  
JACKSONVILLE, FL 32216 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: PETER P. SALIBA, M.D.

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROWICKI, STANLEY D M.D.  
Address: 12348 VALPARISO TRAIL  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete  
Name: SALIBA, PETER P M.D.  
Address: 24345 MOSS CREEK LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SALIBA, PETER P M.D.  
Address: 24345 MOSS CREEK LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32982

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PETER P. SALIBA, M.D.

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date