
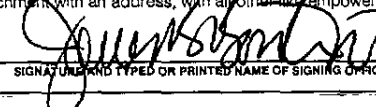


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S52219</b>		
1. Entity Name JAMES B. BOORSTIN, M.D., P.A.		
Principal Place of Business 680 2ND AVE. N. SUITE 302 NAPLES, FL 34102 US		Mailing Address 680 2ND AVE. N. SUITE 302 NAPLES, FL 34102 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		04082005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0261252		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BOORSTIN, JAMES B. 680 2ND AVE. N. SUITE 302 NAPLES, FL 34102		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		DATE 04/18/05-80140-008 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BOORSTIN, JAMES B. 680 2ND AVE. N. STE. 302 NAPLES, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BOORSTIN, LILLIAN B. 680 2ND AVE. N. STE. 302 NAPLES, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 duly empowered.		
SIGNATURE:  JAMES B. BOORSTIN MD		4-11-05 (239) 598-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #