

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56704

FILED
Apr 06, 2005
Secretary of State

Entity Name: WEST FLORIDA MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5622 MARINE PARKWAY
SUITE 14
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3060062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEDLAND, CURTIS, D.O.
5622 MARINE PARKWAY #14
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: FREEDLAND, CURTIS D., O.
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS () Delete
Name: STAFFETTI, JOSEPH MD
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: GHANEKAR, DILIP
Address: 4037 AUSTON WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FREEDLAND, CURTIS P DO
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS (X) Change () Addition
Name: STAFFETTI, JOSEPH F MD
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: GHANEKAR, DILIP V MD
Address: 5622 MARINE PKWY #14
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CURTIS FREEDLAND, DO

DP

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date