

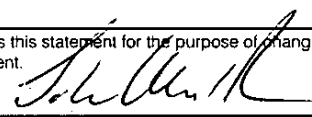
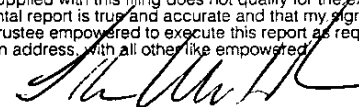


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 006 ***150.00

DOCUMENT # S85161 1. Entity Name JOHN WESTAFER, M.D., P.A.					
Principal Place of Business 1069 LAGUNA LANE GULF BREEZE, FL 32561				Mailing Address 1069 LAGUNA LANE GULF BREEZE, FL 32561	
2. Principal Place of Business 1400 Country Club Road Suite, Apt. #, etc.		3. Mailing Address 1400 Country Club Road Suite, Apt. #, etc.			
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		4. FEI Number 59-3089280	
Zip 32561		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAN, JOHN A 22 S. LINKS AVE., STE 300 SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name John M. Westafer Street Address (P.O. Box Number is Not Acceptable) 1400 Country Club Road City Gulf Breeze FL Zip Code 32561	
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 <u>X</u>  3-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTAFER, JOHN 1069 LAGUNA LANE GULF BREEZE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTAFER, ANITA J 1069 LAGUNA LANE GULF BREEZE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.					
SIGNATURE: <u>X</u>  John Westafer, President 3-25-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					