

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # V40780 1. Entity Name MEDICAL GROUP OF NORTH FLORIDA, P.A.	
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Principal Place of Business 2626 CARE DRIVE STE 200 TALLAHASSEE, FL 32308 US	Mailing Address P.O. BOX 14100 TALLAHASSEE, FL 32317-4100 US
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02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3122147	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, ROBERT A ESQ. 227 S CALHOUN ST TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDENBERGER, LEONARD M.D. 2626 CARE DR SUITE 200 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAMRON, RICK 2626 CARE DRIVE SUITE 200 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACHTEL, MICHELLE D 7434 HEARTLAND CIRCLE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, JOSEPH C 1807 OX BOTTOM LANE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEICHUS, LEONARD 4913 HIGH GROVE RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RANDELL, ANDREA 5968 OX BOTTOM MANOR DR. TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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02/21/05-80047-022 150.00

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 like empowered.

SIGNATURE: _____ **2/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #