


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # V43431
1. Entity Name
JOSEPH C. SUTLY, M.D., P.A.



Principal Place of Business _____ Mailing Address _____
1980 N ATLANTIC AVE **1980 N ATLANTIC AVE**
SUITE 421 **SUITE 421**
COCOA BEACH, FL 32931 **COCOA BEACH, FL 32931**

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3124372	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
SUTLY, JOSEPH C.
1980 N ATLANTIC AVE
SUITE 421
COCOA BEACH, FL 32931

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUTLY, JOSEPH C.
STREET ADDRESS	520 RIVERA BLVD
CITY-ST-ZIP	INDIALANTIC, 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	

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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: _____ *Joseph C. Sutly* 27/ Jan/05 321-788-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #