2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# V61201

Entity Name: EDWARD W. HALPREN, D.O., P.A.

Current Principal Place of Business:

13691 METROPOLITAN PARKWAY
METRO MEDICAL PLAZA SUITE 260
FT MYERS, FL 33912 US

New Principal Place of Business:

14271 METROPOLIS AVENUE
UNIT B
FT MYERS, FL 33912 US

Current Mailing Address:

13691 METROPOLITAN PARKWAY
METRO MEDICAL PLAZA SUITE 260
FT MYERS, FL 33912 US

New Mailing Address:

14271 METROPOLIS AVENUE
UNIT B
FT MYERS, FL 33912 US

FEI Number: 65-0353289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINSTEIN, SCOTT WM
1625 HENDRY STREET
SUITE 201
FT. MYERS, FL 33901 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: PD ( ) Delete
Name: HALPREN, EDWARD,
Address: 13691 METROPOLITAN PKWY
City-St-Zip: FT MYERS, FL

Title: ST ( ) Delete
Name: HALPREN, EDWARD,
Address: 13691 METROPOLITAN PKWY
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HALPREN, EDWARD,
Address: 14271 METROPOLIS AVENUE, UNIT B
City-St-Zip: FT MYERS, FL 33912

Title: ST (X) Change ( ) Addition
Name: HALPREN, EDWARD,
Address: 14271 METROPOLIS AVENUE, UNIT B
City-St-Zip: FT MYERS, FL

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: EDWARD HALPREN PD 04/19/2005

Electronic Signature of Signing Officer or Director Date