2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602840

Entity Name: WALTER E. AFIELD, M.D., P.A.

FILED May 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5820 W. CYPRESS ST. 5820 W CYPRESS ST STE B

SUITE B TAMPA, FL 33607 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

5820 W. CYPRESS ST. 5820 W CYPRESS ST STE B

SUITE B TAMPA, FL 33607 TAMPA, FL 33607

FEI Number: 59-1356640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AFIELD, WALTER E.

5820 B W CYPRESS ST
TAMPA, FL 33607 US

AFIELD, WALTER E
5820 B W CYPRESS ST STE B
TAMPA, FL 33607 US

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: WALTER AFIELD 05/07/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDM () Delete Title: PDM (X) Change () Addition

Name:AFIELD, W.E.,Name:AFIELD, WALTER EAddress:4619 W. BAY TO BAY BLVD.Address:4619 W BAY TO BAY BLVD

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33607

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: WALTER AFIELD PDM 05/07/2004

Electronic Signature of Signing Officer or Director

Date