2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2004 08:00 AM Secretary of State DOCUMENT # 603996 1. Entity Name ALBERT G. ECKIAN, M.D., INC. Principal Place of Business Mailing Address 1460 EDITH STREET 1460 EDITH STREET EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1430905 Not Applie \$8.75 Additional Country Ζiρ Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECKIAN, ALBERT G Street Address (P.O. Box Number is Not Acceptable) 1460 EDITH STREET EUSTIS FL 32726 City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agont and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B. After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD TITLE ☐ Change ☐ Addis TITLE ☐ Delete U00000013926 ^{LJ Change} 01/27/04-80002-014 158.75 ECKIAN, ALBERT G NAME NAME 1460 EDITH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY - ST - ZIP TITLE ☐ Delete Change 🔲 Addiin NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZYP CITY-ST-ZIP ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addis: TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Addis-☐ Delete TITLE Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additio ☐ Delete TM F TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 changed, or on an attachment with an address with all other like empowered.

352-357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Daytime Phone #

FILED