

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F31580
 1. Entity Name
 COR AVIATION, INC.



Principal Place of Business
 2320 N ORANGE AVE
 ORLANDO, FL 32804

Mailing Address
 2320 N ORANGE AVE
 ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

FILED
 04 JUL -6 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2089377 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSWELL, ROBERT B MD & BOLEN, JAMES L., MD
 2320 N ORANGE AVE
 ORLANDO, FL 32804

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

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLEN, JAMES L MD 2320 N ORANGE AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSWELL, ROBERT B MD 2320 N ORANGE AVE ORLANDO, FL
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000039086470
 07/14/04--01016--011 **150.00

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

SIGNATURE: [Signature] DATE: 8/30/04 DAYTIME PHONE: 407 896-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COR AVIATION
2320 N. Orange Ave.
ORLANDO, FL 32804
407-896-0054

June 30, 2004

Florida Dept of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: 59-2089377

To whom it may concern:

We are in receipt of your Notice of Intent to Dissolve. We respectfully request that you waive the \$400.00 late fee.

We never received our Annual report in the mail this year. As a matter of fact, we usually receive one for our other business Cardiology Consultants, at the same address, and that was never received either (see enclosed letter). Somehow, I believe there must have been a problem with our mail.

We have paid the annual fee early and without hesitation each and every prior year. It was in error that we missed the fact that the bill and report was not received in the mail. If it had been received, it would have been paid without question.

Please consider this request to waive the late fee and accept the original fee of \$150.00. It was truly not intended to be overlooked.

If you have need any additional information, please contact the undersigned. Thank you for your consideration.

Yours truly,



Susan Mishriki

Enclosure