


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J66987**  
 1. Entity Name  
 THOMAS J. FEDERICO, M.D., P.A.



Principal Place of Business: 600 N. HART BLVD, ORLANDO, FL 32818  
 Mailing Address: 600 N. HART BLVD, ORLANDO, FL 32818

**DO NOT WRITE IN THIS SPACE**



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2788553	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  
 FEDERICO, THOMAS J. M.D.  
 600 N. HART BLVD  
 ORLANDO, FL 32818

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FEDERICO, THOMAS J M.D. 600 N. HART BLVD ORLANDO, FL 32818
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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.

*Thomas J. Federico* Thomas J. Federico, MD  
 5/10/04 407-297-0087  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #