## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P02000015365  1. Entity Name					e	04-30-20	004 90388	3 002 **	*150.00
SCOTT M. GEBHA	RDT, D.O., P.A.								
rincipal Place of Business		Mailing Address			•	••• !			
056 MARINER BLVD PRING HILL, FL 34609		7056 MARINER BLVD Spring Hill, FL 3460	09						
. Principal Place of Busine	ess	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192004	Chg-P	CR2E03	14 (10/03)	
City & State		City & State			4. FEI Number 80-0033995			· · · · · · · · ·	oplied For ot Applicable
Zip	Country	Zìp	Cour	itry	5. Certificate of	Status Desired		8.75 Add ee Require	
6. Name	and Address of Current	Registered Agent		Name	· · · · · · · · · · · · · · · · · · ·	ddress of New A	egistered A	gent	
BIGELOW KRISTINE M					NT PATTERSON				
6630 EMBASSY BLV PORT RICHEY, FL 3	D .			Street Address (P.O. Box Number is Not Acceptable) 4084 Commercial WAY					
معرور الأران ال	*			City SPRING	G HILL		FL	Zip Cod	le (10010
	FEE IS \$150.00 Fee will be \$550.	9. Election Campa	aign Fina		.00 May Be		ĐAIĒ	<u>.                                    </u>	
0.	OFFICERS AND	DIRECTORS	11,	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11
TILE D		☐ Delete	ÌΠL					Change	Addition
TREET ADDRESS 2264 DOG	IT, SCOTT M LEG CT ILLE, FL 34604		9	EET ADDRESS -ST-ZIP					
ITLE IAME	<u>,</u>	☐ Delete	TITL	ľ				☐ Change	☐ Addition
TREET ADDRESS   UTY-ST-ZIP				ET ADORESS :					
ITLE AME		☐ Delete	TITL	1				Change	☐ Addition
TREET ADDRESS ITY-ST-ZIP			STRI	ET ADDRESS -ST-ZIP					
ITLE AME		Delete ,	TITL	- 1				☐ Change	☐ Addition
TREET ADDRESS			STRI	EET ADDRESS -ST-ZIP					
ITLE		- Delete	TITL NAM					Change	Addition
ITREET ADDRESS			STRE	EET ADDRESS '- ST-ZIP					
IILE		☐ Delete	TITL	ľ	·	<del>,</del>		☐ Change	Addition
IAME STREET ADDRESS SITY-ST-ZIP				IE EET ADDRESS '-ST-ZIP					
I hereby certify that the indicated on this report of the corporation or the corporation.	t or supplemental report i e receiver or trustee emp	h this filing does not qualify fo s true and accurate and that sowered to execute this repor with all other like empowered	or the exe my signa t as requ	emption stated in Se ture shall have the	same legal effect	as if made under o	oath; that I ar	m an officer	r or director
SIGNATURE: _	SIGNATURE AND TVOCH AND	PRINTED NAME OF SIGNING OFFICER	B OB NOSA	TOR	4/2	1/04 Date	, Pa	ytime Phone #	
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