FILED
Jun 03, 2004 8:00 am
Secretary of State
04-30-2004 90295 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043532

1. Entity Name
CHARLOTTE D. OWENS, M.D., P.A

Principal Place of Business	Mailing Address
16308 TARABRIDGE DR TAMPA, FL 33647	PO BOX 272081 TAMPA, FL 33688

66426172

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7 Jockey Lane Suite, Apt. #, etc.	7 Jockey Lane Suite, Apt. #, etc.
City & State: Flemington, NJ	City & State: Flemington, NJ
Zip: 08873 Country: USA	Zip: 08873 Country: USA

4. FEI Number: 01-0660503 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OWENS, CHARLOTTE D M.D.
16308 TARABRIDGE DR
TAMPA, FL 33647

7. Name and Address of New Registered Agent
Name: DEAN MEAD SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable): 800 N. MAGNOLIA AVENUE, SUITE 1500
City: ORLANDO FL Zip Code: 32803

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.

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member

SIGNATURE By: [signature] Robert N. Mead, Jr., Vice Pres. 06/01/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, CHARLOTTE D M.D. 16308 TARABRIDGE TAMPA, FL 32647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T 7 Jockey Lane Flemington, NJ 08873	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4/26/04 813-629-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #