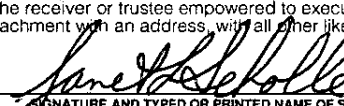


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90002 010 ***150.00

DOCUMENT # P02000063260 1. Entity Name CLINICAL ASSOCIATES OF THE PALM BEACHES P.A.					
Principal Place of Business 1920 PALM BEACH LAKES BLVD. 102 WEST PALM BEACH FL 33409			Mailing Address 1920 PALM BEACH LAKES BLVD. 102 WEST PALM BEACH FL 33409		
2. Principal Place of Business 1920 PBL Blvd Suite, Apt. #, etc. #102			3. Mailing Address Suite, Apt. #, etc.		
City & State WPB, FL			City & State		
Zip 33409		Country USA		Zip Country	
6. Name and Address of Current Registered Agent SCHOLLE, JANET L 1920 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accept the obligations of registered agent.					
SIGNATURE _____ 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 Make Check Payable to Florida Department of State			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	PD SCHOLLE, JANET 1920 PALM BEACH LAKES BLVD. #102 WEST PALM BEACH FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					