## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102823

Entity Name: MICHELLE H. STEVENS, MD, P.A.

FILED Jan 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

520 RISEN STAR DR 1200 HENLY LANE CRESTVIEW, FL 32539 BAKER, FL 32531

**Current Mailing Address: New Mailing Address:** 

6065 BLUEBERRY LANE 520 RISEN STAR DR CRESTVIEW, FL 32539 CRESTVIEW, FL 32536

FEI Number: 20-0195178 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEVENS, MICHELLE H STEVENS, MICHELLE H 520 RISEN STAR DR 6065 BLUEBERRY LANE CRESTVIEW, FL 32539 US US CRESTVIEW, FL 32536

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.

SIGNATURE: MICHELLE STEVENS 01/06/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition STEVENS, MICHELLE H STEVENS, MICHELLE H Name: Name: Address:

520 RISEN STAR DR 6065 BLUEBERRY LANE Address: CRESTVIEW, FL 32539 City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE H. STEVENS DP 01/06/2004