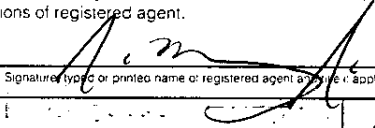


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 041 ***150.00

DOCUMENT # P03000103036 1. Entity Name JAMES H. MCCREARY, JR D.M.D. P.A.																											
Principal Place of Business 1610 BARRANCAS AVE PENSACOLA, FL 32501		Mailing Address 1610 BARRANCAS AVE PENSACOLA, FL 32501																									
2. Principal Place of Business 6303 N 9th Ave. Suite, Apt. #, etc.		3. Mailing Address 6303 N 9th Ave. Suite, Apt. #, etc.																									
City & State Pensacola, FL		City & State Pensacola, FL																									
Zip 32504	Country	Zip 32504	Country																								
4. FEI Number 20-0223615		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LIBERIS, CHARLES 1610 BARRANCAS AVE PENSACOLA, FL 32501		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  DATE 3/4/04 Signature typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:70%;"> D MCCREARY, JR, JAMES H D.M.D. 8611 WINDING LANE PENSACOLA, FL 32514 ☐ Delete </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCCREARY, JR, JAMES H D.M.D. 8611 WINDING LANE PENSACOLA, FL 32514 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:70%;"> P/D ☒ Change ☐ Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	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: James H. McCreary, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/4/04 (850) 476-6329 DATE DAYTIME PHONE																									