


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90061 035 ***150.00

DOCUMENT # P04000000963

1. Entity Name
EDWARD FETHEROLF, M.D., P.A.



Principal Place of Business Mailing Address
1273 SOUTHBAY DR **1273 SOUTHBAY DR**
OSPREY FL 34229 **OSPREY FL 34229**

24051116



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
1500 PEACIDA RD **1273 Southbay Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B2 **OSPREY FLA 34229**

City & State City & State 4. FEI Number Applied For
Osprey FLA **Osprey FLA** **20-0545408** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34223 **USA** **34229** **USA**

6. Name and Address of Current Registered Agent
FETHEROLF, EDWARD
1273 SOUTHBAY DR
OSPREY FL 34229

7. Name and Address of New Registered Agent
 Name: **EDWARD FETHEROLF MD PA**
 Street Address (P.O. Box Number is Not Acceptable):
1273 SOUTHBAY DR
OSPREY
 City: FL Zip Code: **34229**

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: *Edward Fetherolf MD* DATE: 4/15/04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FETHEROLF, EDWARD	
STREET ADDRESS	1273 SOUTHBAY DR	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *E Fetherolf MD* DATE: 4/15/04 DAYTIME PHONE #: 941 9661525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR