


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000022693**  
1. Entity Name  
**SUNSTATE MEDICAL ASSOCIATES, P.A.**



Principal Place of Business      Mailing Address  
758 N. SUN DR., SUITE 104      758 N. SUN DR., SUITE 104  
LAKE MARY, FL 32746      LAKE MARY, FL 32746



06142004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3560942	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  
  
KORUTH, POTHEM  
758 N. SUN DR., SUITE 104  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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: *James Coruth*      DATE: 6/14/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORUTH, POTHEM C 1150 GREENSTONE BLVD., #208 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FATEMI, ZIA 208 WIMBLEDON CIR. HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZADEH, FARIDEH A 208 WIMBLEDON CIR. HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000152774  
06/21/04-80002-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Coruth*      POTHEM C. KORUTH MD      407-333-5303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE: 6/14/04      Daytime Phone #