

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91047 019 \*\*\*150.00

**DOCUMENT # V08547**  
 1. Entity Name  
 FLORIMED OF TAMPA, INC.



Principal Place of Business: 15438 N. FLORIDA AVE. 104 TAMPA FL 33613  
 Mailing Address: P O BOX 17135 TAMPA FL 33622 US



MOORE CR2E034 (11/03)

2. Principal Place of Business: 1601 NORTH NEBRASKA  
 3. Mailing Address: P.O. BOX 17135  
 Suite, Apt. #, etc.: #107

City & State: LUTZ TAMPA, FL

Zip: 33549 Hillsborough 33602 Hillsborough

4. FEI Number: 59-3100515  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FURLONG, RICHARD  
 15438 NORTH FLORIDA, #104  
 TAMPA FL 33613

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): 16011 NORTH NEBRASKA, #107  
 City: LUTZ FL Zip Code: 33549

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: *Richard Furlong* DATE: 04-22-2004

**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	P	<input type="checkbox"/> Delete
NAME	J. WILLIAM BYRD	
STREET ADDRESS	1478 BRIAR OAKS TR	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	T	<input type="checkbox"/> Delete
NAME	FURLONG, RICHARD ALAN	
STREET ADDRESS	1019 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	FURLONG, RICHARD ALAN	
STREET ADDRESS	1019 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.

SIGNATURE: *Richard Furlong* RICHARD FURLONG 04-22-04 813-287-9999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #