

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454068

FILED
Jan 06, 2004
Secretary of State

Entity Name: HENRY H. SCHILOWITZ, M.D., P.A.

Current Principal Place of Business:

308 E. HAZEL STREET
ORLANDO, FL 32804

New Principal Place of Business:

331 N MAITLAND AVE
C-3
MAITLAND, FL 32751

Current Mailing Address:

308 E. HAZEL STREET
ORLANDO, FL 32804

New Mailing Address:

331 N MAITLAND AVE
C-3
MAITLAND, FL 32751

FEI Number: 59-1526476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILOWITZ, HENRY H.
308 E. HAZEL STREET
ORLANDO, FL 32804

Name and Address of New Registered Agent:

SCHILOWITZ, HENRY H PRES
331 N MAITLAND AVE
C-3
MAITLAND, FL 32751

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: HENRY H SCHILOWITZ

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHILOWITZ, HENRY H., M.D.
Address: 308 E HAZEL ST
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHILOWITZ, HENRY H., M.D.
Address: 331 N MAITLAND AVE., SUITE C-3
City-St-Zip: MAITLAND, FL 32751

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: HENRY H SCHILOWITZ

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date