




2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-01-2004 90058 010 ***150.00
 FILED 455683

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 455683			
1. Entity Name JUAN C. BUSTILLO, M.D., P.A.			
Principal Place of Business 2885 TAMiami TRAIL # 111 PORT CHARLOTTE, FL 33952		Mailing Address P.O. BOX 494241 PORT CHARLOTTE, FL 33949	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSTILLO, JUAN C 2885 TAMiami TRAIL SUITE 111 SUITE 330 PORT CHARLOTTE, FL 33952		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: 2-27-04	
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTILLO, JUAN C	NAME	
STREET ADDRESS	2885 TAMiami TRAIL STE 111	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE: 2-27-04 941-255-8300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

** This office will be closed as of March 8, 2004.*



02042004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1540631 Applied For Not Applicable

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

2-27-04

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