


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 466957</b>	
1. Entity Name W. COMER CHERRY JR., M. D., P. A.	

Principal Place of Business 1626 RIGGINS ROAD TALLAHASSEE, FL 32308	Mailing Address 1626 RIGGINS ROAD TALLAHASSEE, FL 32308
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WILKINSON, BEN H. 3375 CAPITAL CIRCLE N.E. SUITE L-101 TALLAHASSEE, FL 32308	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000111314 04/13/04-80012-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHERRY, JR., W. C. 1626 RIGGINS ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHERRY, MARILYN 2526 MARSTON RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ELLISON, LINDA 3708 LAKE CHARLES DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: <i>Linda Ellison</i> <i>Sec/Treasurer</i> Linda Ellison	Date: 4-12-04	Daytime Phone #: 850-878-3218
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		