


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90020 024 \*\*\*150.00

<b>DOCUMENT # 472313</b> 1. Entity Name <b>C. GARY ZAHLER, M.D., P. A.</b>																											
Principal Place of Business <b>1111 12TH STR STE 105 KEY WEST, FL 33040 US</b>		Mailing Address <b>1111 12TH STR STE 105 KEY WEST, FL 33040 US</b>																									
2. Principal Place of Business <b>4 GO LANE</b>		3. Mailing Address <b>4 GO LANE</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Key West FL</b>		City & State <b>Key West FL</b>																									
Zip <b>33040</b>	Country <b>US</b>	Zip <b>33040</b>	Country <b>US</b>																								
4. FEI Number <b>59-1578840</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>SCOTT, HOWARD F. BAYSHORE EXECUTIVE PLAZA 10800 BISCAYNE BLVD., SUITE 870 MIAMI, FL 33161</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																											
<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>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>ZAHLER, C. GARY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1111 12TH STR STE 105</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>KEY WEST, FL</b></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>ZAHLER, C. GARY</b>		STREET ADDRESS	<b>1111 12TH STR STE 105</b>		CITY-ST-ZIP	<b>KEY WEST, FL</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>4 GO LANE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>KEY WEST FL</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>33040</b></td> <td></td> </tr> </table>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>4 GO LANE</b>		STREET ADDRESS	<b>KEY WEST FL</b>		CITY-ST-ZIP	<b>33040</b>	
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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: <u>C. GARY ZAHLER MD</u> <b>C. GARY ZAHLER MD</b> <b>3/9/04 (305) 2962260</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											