


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # 483018 1. Entity Name EDWARD P. GUTOWSKI, M.D., P.A.	
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Principal Place of Business 1410 SAN JOSE DRIVE ENGLEWOOD, FL 34223	Mailing Address 3005 CARING WAY STE A PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1622291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUTOUSKE, EDWARD P. 1410 SAN JOSE DRIVE ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

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	U000000065168 02/25/04-80027-003 150.00
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTOWSKI, EDWARD P. 1410 SAN JOSE DRIVE ENGLEWOOD, FL 34223	
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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: Edward P. Gutowski 2/23/04 941-473-3563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #