2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 485266

C. GILBERT TWEED M.D., P.A.



Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

1435 DUNN AVENUE DAYTONA BEACH, FL 32114 Mailing Address

1435 DUNN AVENUE DAYTONA BEACH, FL 32114



FILED

DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 59-1621286 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWEED, C GILBERT 1435 DUNN AVENUE DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SDACE

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	turpose of changing its registered	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typod or printed name of registered agent and title	f 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 Financ Trust Fund Contribution.	· · · · · · · · · · · · · · · · · · ·	U00000129907 04/26/04-80097-007 150.00	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TWEED, C GILBERT 1435 DUNN AVENUE DAYTONA BEACH, FL		DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the Information supplied with this fi on this report or supplemental report is true a	ing does not qualify for the exem and accurate and that my signatu	ption stated in Section 119.07(3) re shall have the same legal effective	(i), Florida Statutes. I further certify that the information of as if made under cath, 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.