

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501349

FILED  
May 11, 2004  
Secretary of State

Entity Name: RENEE HANEY, M.D., P.A.

**Current Principal Place of Business:**

718 W. D. M.L. KING BLVD  
SUITE A  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

718 W. DR. ML KING BLVD  
SUITE A  
TAMPA, FL 33603 US

**New Mailing Address:**

FEI Number: 59-1659965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANEY, RENEE  
718 W DR ML KING JR BLVD  
TAMPA, FL 33603

**Name and Address of New Registered Agent:**

HANEY, RENEE  
718 W DR ML KING JR BLVD  
SUITE A  
TAMPA, FL 33603 US

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.

SIGNATURE: \_\_\_\_\_

05/11/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: HANEY, RENEE,  
Address: 718 W DR ML KING BLVD #A  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE HANEY

MD

05/11/2004

Electronic Signature of Signing Officer or Director

Date