
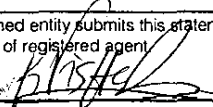
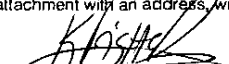


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90728 013 ***150.00

DOCUMENT # 504775 1. Entity Name ELBERT L. FISHER, M.D., P.A.			
Principal Place of Business 801 EAST 6TH ST. SUITE 409 PANAMA CITY, FL 32401 US		Mailing Address 801 EAST 6TH ST. SUITE 409 PANAMA CITY, FL 32401 US	
2. Principal Place of Business 503 PARKWOOD CT Suite, Apt. #, etc.		3. Mailing Address P.O. Box 367 Suite, Apt. #, etc.	
City & State PANAMA CITY FL		City & State LYNN HAVEN FL	
Zip 32405 Country U.S.A.		Zip 32444 Country U.S.A.	
4. FEI Number 59-1674812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, ELBERT L. 801 EAST 6TH STREET SUITE 409 PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name KATRINA FISHER (PERSONAL REPRESENTATIVE) Street Address (P.O. Box Number is Not Acceptable) 503 PARKWOOD CT City PANAMA CITY FL Zip Code 32405	
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  KATRINA FISHER (PERSONAL REP OF THE ESTATE OF ELBERT L. FISHER) DATE 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FISHER, ELBERT L M.D. <input checked="" type="checkbox"/> Delete 801 EAST 6TH STREET, SUITE 409 PANAMA CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATRINA FISHER <input type="checkbox"/> Change <input type="checkbox"/> Addition 503 PARKWOOD CT PANAMA CITY, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  KATRINA FISHER (PERSONAL REP OF THE ESTATE OF ELBERT L. FISHER)		Date 4/29/04 Daytime Phone # 850-747-3037 (OFF) 850-814-9541 (CELL)	