

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 20, 2004 8:00 am
Secretary of State**

02-20-2004 90004 010 ***150.00

DOCUMENT # 517644

1. Entity Name
ALEJANDRO A. RADI, M.D., P.A.



Principal Place of Business
3599 UNIVERSITY BLVD. S., STE. 8
JACKSONVILLE, FL 32216

Mailing Address
7204 SAN PEDRO ROAD
JACKSONVILLE, FL 32217 US

54008991

DO NOT WRITE IN THIS SPACE

02082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1700325	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

RADI, ALEJANDRO A.
3599 UNIVERSITY BLVD. S., STE. 8
JACKSONVILLE, FL 32216

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IN THIS SPACE**

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.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE P
NAME RADI, ALEJANDRO A.
STREET ADDRESS 7204 SAN PEDRO RD
CITY-ST-ZIP JACKSONVILLE, FL

TITLE S
NAME RADI, DIANA
STREET ADDRESS 7204 SAN PEDRO RD
CITY-ST-ZIP JAX, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Alejandro A. Radi, M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO A. RADI, M.D.

2/19/04

904-398-7001
Daytime Phone #