2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 524395

1. Entity Name

DAVID H. NATHAN, M.D., P.A.

Principal Place of Business	Mailing Address
1016 PONCE DE LEON BLVD. SUITE #7 CLEARWATER FL 33756 US	1016 PONCE DE LEON BLVD. SUITE #7 CLEARWATER FL 33756 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country

MOORE   CR2E034 (11/03)

4. FEI Number 59-1721401	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATHAN, DAVID H. 1016 PONCE DE LEON BLVD. SUITE #7 CLEARWATER FL 33756	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City **FL** Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NATHAN, DAVID H.		NAME	U000000022159		
STREET ADDRESS	1016 PONCE DELEON BLVD.		STREET ADDRESS	01/30/04--80034-006 150.00		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP			
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NATHAN, REBECA JOAN		NAME			
STREET ADDRESS	1016 PONCE DE LEON BLVD		STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RAYMOND, J. PAUL (ASST)		NAME			
STREET ADDRESS	400 CLEVELAND ST		STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   1/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #