


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90033 006 \*\*\*150.00

<b>DOCUMENT # 525062</b>	
1. Entity Name <b>THEODORE D. AYLWARD, M.D., P.A.</b>	

Principal Place of Business <b>5453 GULF DRIVE NEW PORT RICHEY, FL 34652 US</b>	Mailing Address <b>5453 GULF DRIVE NEW PORT RICHEY, FL 34652 US</b>
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94051595

2. Principal Place of Business <b>4900 Marlin Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>4900 Marlin Drive</b> Suite, Apt. #, etc.
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01072004 Chg-P CR2E034 (10/03)

City & State <b>New Port Richey, FL</b>	City & State <b>New Port Richey, FL</b>
Zip <b>34652</b>	Country <b>USA</b>

4. FEI Number <b>59-1715931</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>AYLWARD, THEODORE D. 5453 GULF DRIVE NEW PORT RICHEY, FL 34652</b>	
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7. Name and Address of New Registered Agent	
Name <b>Aylward, Theodore D.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4900 Marlin Drive</b>	
City <b>New Port Richey</b>	FL Zip Code <b>34652</b>

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 Theodore D. Aylward Theodore D. Aylward 4-8-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>AYLWARD, THEODORE</b>	
STREET ADDRESS <b>5453 GULF DRIVE</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL, 34652</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Aylward, Theodore</b>	
STREET ADDRESS <b>4900 Marlin Drive</b>	
CITY-ST-ZIP <b>New Port Richey, FL 34652</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Theodore D. Aylward Theodore D. Aylward 4-8-04 727-842-9605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #