


**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90051 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 533540</b> 1. Entity Name J. MICHAEL JASPER, M.D., P.A.			
Principal Place of Business 5149 NORTH 9TH AVE SUITE G42 PENSACOLA, FL 32504		Mailing Address 5149 NORTH 9TH AVE SUITE G42 PENSACOLA, FL 32504	
2. Principal Place of Business 5149 North 9th Avenue		3. Mailing Address 5149 North 9th Avenue	
Suite, Apt. #, etc. Suite 241		Suite, Apt. #, etc. Suite 241	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32504		Zip 32504	
Country USA		Country USA	
4. FEI Number 59-1732332		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01232004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JASPER, J. MICHAEL 5149 NORTH 9TH AVENUE SUITE G42 PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Jasper, J. Michael Street Address (P.O. Box Number is Not Acceptable) 5149 North 9th Avenue Suite 241 City Pensacola FL Zip Code 32504	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<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"/> \$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	PT JASPER, J. MICHAEL MD 5149 NORTH 9TH AVENUE STE G42 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Jasper, J. Michael MD 5149 North 9th Avenue, Ste 241 Pensacola, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JASPER, J. MICHAEL MD 5149 NORTH 9TH AVENUE STE G42 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jasper, J. Michael MD 5149 North 9th Avenue, Ste 241 Pensacola, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 689, 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: J. Michael Jasper <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>CLIENT COPY</b> Date _____ Daytime Phone # _____	