


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 558759 1. Entity Name PEARSON & MALUSO, M.D., P.A.	
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Principal Place of Business 77 WEST UNDERWOOD STREET ORLANDO, FL 32806	Mailing Address 77 WEST UNDERWOOD STREET ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1795504	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEARSON, DONALD E. 77 W. UNDERWOOD ST. ORLANDO, FL 32806

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEARSON, DONALD E. 1302 HARBOUR ISLAND RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST MALUSO, PAUL J. 8409 ARBOR GATE CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/12/04-80072-015 150.00

**DO NOT WRITE
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:  Donald E. Pearson MD	Date: 2/10/04	Daytime Phone #: 407-843-2130
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