


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

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| 11000000000000000000 566576 1. Entity Name RICHARD L. DOLSEY, M.D., INC. |  |
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| Principal Place of Business 7400 N. KENDALL DR STE 105 MIAMI, FL 33156 US | Mailing Address 4483 NW 36 ST SUITE 120 MIAMI, FL 33166 US |
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| 4. FEI Number 59-1799107 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 |

6. Name and Address of Current Registered Agent

DOLSEY, RICHARD L M.D.
 7400 N KENDALL DR
 #105
 MIAMI, FL 33156

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 _____ (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

000000075672
 03/03/04-80070-003 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOLSEY, RICHARD L. 7400 N. KENDALL DR MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KERNES, MARK E 4483 NW 36TH ST, STE 120 MIAMI, FL 33166 |
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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 or without power of attorney.

SIGNATURE:  _____ DATE: 2/24/03 DAYTIME PHONE #: 305-884-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR