2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM

1. Entity Nam RICHARI Principal Plac 33 PONCE D	CUMENT # 570346 y Name IARD W. SPRINGSTEAD, M.D., P.A. If Place of Business WE DE LEON BLVD SVILLE, FL 34601 Mailing Address BROOKSVILLE, FL 34601			Secretary of State
C	OO NOT WRITE		CE	04162004 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent SPRINGSTEAD, RICHARD W. 33 PONCE DE LEON BLVD BROOKSVILLE, FL 34601				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 Signature, typed or princes name of registered agent and tale if applicable. (NOTE. Registered Agent atgrature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 7. Election Campaign Finan Trust Fund Contribution.			·	U00000138690 ded to Fees 04/29/04-80091-019 150.00
TO. BILE NAME STREET ADDRESS CITY - ST - ZIP TIBLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DIF DPS SPRINGSTEAD, RICHARD W. 33 PONCE DE LEON BLVD. BROOKSVILLE, FL	ECTORS		
THEE MAME STREET ADDRESS CITY-ST-ZIP THEE	- No. 6 40			DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
THILE NAME STREET ADDRESS CITY-ST-ZIP				
indicated	on this report or supplemental report is tru	e and accurate and that my signat	ure shall have the s	action 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: MUMANTED WY 1/23/04 SIGNATURE AND TYPED OR PHYTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proce				