


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 578346 1. Entity Name PERRY N. GATTANELL, M.D., P.A.	
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Principal Place of Business 2595 HARBOR BLVD, SUITE 107 FORT CHARLOTTE, FL 33952	Mailing Address 2595 HARBOR BLVD, SUITE 107 FORT CHARLOTTE, FL 33952
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1834286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GATTANELL, PERRY N.  
 2595 HARBOR BLVD  
 PT CHARLOTTE, FL

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATTANELL, PERRY N. 341 SEVERIN RD PT CHARLOTTE FL,
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100000004505  
01/15/04-80015-020 150.00

**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)(f), 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: *Perry N. Gattanello MD PA* 1-9-04 941-625-1821