2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# 600098

Entity Name: HYLAND AND POLLOCK, M.D., P.A.

Current Principal Place of Business:

1717 N. "E" ST STE 227W
PENSACOLA, FL 32501

New Principal Place of Business:

1717 N.
PENSACOLA, FL 32501

Current Mailing Address:

1717 N. "E" ST STE 227W
PENSACOLA, FL 32501

New Mailing Address:

1717 N.
PENSACOLA, FL 32501

FEI Number: 59-0954831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYLAND, CARYL H.
1717 N E STREET
SUITE 227
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HYLAND, CARYL H
Address: 1717 N.
City-St-Zip: PENSACOLA, FL

Title: V ( ) Delete
Name: POLLOCK, W. JAMES,
Address: 1717 N
City-St-Zip: PENSACOLA, FL

Title: S ( ) Delete
Name: BURNS, CHARLES E
Address: 1717 N.
City-St-Zip: PENSACOLA, FL 32501

Title: AS ( ) Delete
Name: CANDELA, ANDRES
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS ( ) Change (X) Addition
Name: MORELAND, WENDY S
Address: 1717 N "E" ST. SUITE 227
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARYL H HYLAND PT 04/06/2004

Electronic Signature of Signing Officer or Director — Date