

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 028 ***150.00

DOCUMENT # 601838

1. Entity Name
 RICHARD N. LONG MD PA



Principal Place of Business
 3314 HENDERSON BLVD. SUITE 206
 TAMPA FLA, 33609

Mailing Address
 3314 HENDESON BLVD.
 STE. 206
 TAMPA, FL 33609 US

44048172



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1285097	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

LONG, RICHARD N
 3314 HENDERSON BLVD. SUITE 206
 TAMPA, FL 33609

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LONG, RICHARD N 3314 HENDERSON BLVD.S206 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURKEL, ROBERT 1211 N. WESTSHORE #500 TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: *Richard N. Long MD PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone.#

Attachment

RICHARD N. LONG, MD., PA.
GYNECOLOGY
3314 HENDERSON BLVD. SUITE 206
TAMPA, FL 33609-2934
PHONE (813) 872-7773
FAX (813) 871-1812

44048172
601838

July 9, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

Re: 2004 For Profit Corporation Annual Report
Richard N. Long MD PA
59-1285097

Gentlemen:

I have always relied on my accountant to prepare all tax filings and returns. Several things have slipped by him lately, and I am in the process of finding a new accountant.

Due to the above circumstances, I am requesting a waiver of the penalty for the late filing of the annual report. Enclosed is my check for the regular \$150 filing fee.

Contact me if there are any questions.

Sincerely,

Richard N. Long MD

Richard N. Long, M.D., P.A.