

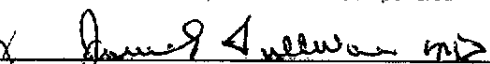


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

|  |                              |                                 |   |  |  |
|--|------------------------------|---------------------------------|---|--|--|
| <b>DOCUMENT # 602501</b><br>1. Entity Name<br><b>JOHN E. SULLIVAN, M.D., P.A.</b>  |                              |                                 |   |                                       |  |
| Principal Place of Business<br><b>1880 ARLINGTON STREET<br/>SUITE 203<br/>SARASOTA FL 34239-3505</b>   |                              |                                 | Mailing Address<br><b>1880 ARLINGTON STREET<br/>SUITE 203<br/>SARASOTA FL 34239-3505</b>  |  |  |
| 2. Principal Place of Business   |                              |                                 | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |                              |                                 | Suite, Apt. #, etc.   |  |  |
| City & State   |                              |                                 | City & State  |  |  |
| Zip  |                              | Country                         |   | Zip  |  |
|  |                              |                                 |   |  |  |
| 4. FEI Number <b>59-1304420</b>  |                              |                                 |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                              |                                 |   | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |                              |                                 | 7. Name and Address of New Registered Agent   |  |  |
| <b>SULLIVAN, JOHN E<br/>1880 ARLINGTON STREET<br/>SARASOTA FL</b>  |                              |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div>  |  |  |
| 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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature typed or printed name of registered agent and file if applicable.</span> <span>(NOTE: Registered Agent signature required when re-registering)</span> <span>DATE</span> </div>  |                              |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                              |                                 |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS   |                              |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE  | PD                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>SULLIVAN, JOHN E</b>      |                                 | NAME  |  |  |
| STREET ADDRESS   | <b>1880 ARLINGTON STREET</b> |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | <b>SARASOTA FL</b>           |                                 | CITY - ST - ZIP   |  |  |
| TITLE  | ST                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>SULLIVAN, LAWRENCE</b>    |                                 | NAME  |  |  |
| STREET ADDRESS   | <b>613-2 FAIRINGTON OVAL</b> |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | <b>AURORA OH 44202</b>       |                                 | CITY - ST - ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                              |                                 | NAME  |  |  |
| STREET ADDRESS   |                              |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |                              |                                 | CITY - ST - ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                              |                                 | NAME  |  |  |
| STREET ADDRESS   |                              |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |                              |                                 | CITY - ST - ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                              |                                 | NAME  |  |  |
| STREET ADDRESS   |                              |                                 | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |                              |                                 | CITY - ST - ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:    |                              |                                 | 2-21-04 (941) 3652918<br><div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div> |  |  |



MOORE CR2E034 (11/03)