



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 603636</b> 1. Entity Name RICHEY MEDICAL CENTER, INC.	
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Principal Place of Business 5341 GRAND BOULEVARD NEW PORT RICHEY, FL 34652	Mailing Address 5341 GRAND BOULEVARD NEW PORT RICHEY, FL 34652
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1400611	Applied For 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**

SCHLYER, ARTHUR M MD  
 5341 GRAND BOULEVARD  
 NEW PORT RICHEY, FL 34652

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (Da) if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	ST P J GONZALEZ M.D. 5341 GRAND BOULEVARD NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ARTHUR M SCHLYER M.D. 5341 GRAND BLVD. NEW PORT RICHEY, FL
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 03/05/04-80040-023 150.00

**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)(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:**  Arthur M. Schlyer, M.D. 3/1/04 727-848-3439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #