2004 FOR PROFIT CORPORATION

Fab 18 2004 08:00 AM

ANNUAL KEPUKI				, red 18, 2004 08:00 Ap			
DOCUMENT # 604673			2 4 X c.		Seci	retary o	of State
	i. Entity Name ROBERT H. WRAY, M.D., P.A.					•	
ROBERT	TI. WITAT, WI.D., F.A.						
Principal Place	e of Business	Mailing Address	<u>. </u>	1			
3136 DOWL		3136 DOWLING DR.					
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	O NOT WRITE I	Jane P Roppins	4. FEI Numb			Applied For	
				59-148		± 49.76	Not Applicable Additional
				5. Certificate	e of Status Desired	Fee Re	equired
	6. Name and Address of Current Reg	istered Agent					
WRAY (RO		no	NOT W		1		
3136 DOWLING DR TALLAHASSEE, FL 32308			IN THIS SPACE				
TALE TIMESEL, 12 SECO				M	I HIS SPA	AC.E	
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 distinct distinct of 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 distinct distinct of 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 distinct dist							
SIGNATURE 2 -16-04							
SIGNATURE Signature, typed or printed name of registated again and talls it applicable. (NOTE, Registered Against signature required when remetating) DATE							
9. Election Campaign Financing \$5.00 May Be							
FILE NOW!!! FEE'16. \$156.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			Add	.00 May Be ded to Fees	U0000	0055958 -80027-00	ים יכם זכ
10,	OFFICERS AND DIR	ECTOAS	T		<u> </u>	-90051-00	12 128.12
TITLE	PSD		1				
NAME STREET ADDRESS	WRAY,ROBERT 3136 DOWLING DR	•	İ				
CITY - ST-ZIP	TALLA. FL,		1				
TITLE							
NAME STREET ADDRESS							1
CITY-ST-ZIP			_				
TITLE			1				
NAME Street Address				Eron San Hand San Marie and the National Marie Serves			
CITY - ST- ZIP			1	DO NOT WRITE			
TITLE NAME				IN .	THIS SP	ACE	
STREET ADDRESS							
CITY-ST-ZIP			1				
TITLE			I				ļ

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.

STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ROWN HOLD NAME OF SIGNING OFFICER OR DIRECTOR