


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 604896 1. Entity Name PHILIP L. SHETTLE, D.O., P.A.	
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Principal Place of Business 670 N. CLEARWATER-LARGO RD. SUITE A LARGO, FL 33770 US	Mailing Address 670 N. CLEARWATER-LARGO RD. SUITE A LARGO, FL 33770 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHETTLE, PHILIP L D.O. 670 N. CLEARWATER-LARGO ROAD LARGO, FL 33770	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE: 03/08/04-80138-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHETTLE, PHILIP L D.O.PA 670 N. CLEARWATER LARGO RD LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SHETTLE, SUZANNE G 670 N. CLEARWATER-LARGO RD LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHETTLE, PHILIP L 670 N. CLEARWATER-LARGO RD LARGO, FL 33770
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  **3/8/04 727-581-8755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #