


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90260 043 \*\*\*158.75

<b>DOCUMENT # 626115</b>	
1. Entity Name LILA SEGAGE-LUGARO, M.D., P.A.	

Principal Place of Business 635 NW 116 STREET BISCAYNE PARK, FL 33161 US	Mailing Address 635 NW 116 STREET BISCAYNE PARK, FL 33161 US
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**54036157**



2. Principal Place of Business 3230 SUNRISE DRIVE Suite, Apt. #, etc.	3. Mailing Address 3230 SUNRISE DRIVE Suite, Apt. #, etc.
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04052004 Chg-P CR2E034 (10/03)

City & State SEBRING, FL	City & State SEBRING, FL
Zip 33872	Country US

4. FEI Number 59-1934631	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEGAGE-LUGARO, LILA, M.D. 635 NW 116 STREET BISCAYNE PARK, FL 33161
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3230 SUNRISE DRIVE City SEBRING FL Zip Code 33872
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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 <i>Segadem</i>	DATE 4.11.04
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS SEGAGE-LUGARO, LILA, M.D. <del>635 NW 116 STREET</del> BISCAYNE PARK, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEGAGE-LUGARO, LILA, M.D. <del>635 NW 116 STREET</del> BISCAYNE PARK, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS SEGAGE-LUGARO, LILA, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3230 SUNRISE DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEGAGE-LUGARO, LILA, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3230 SUNRISE DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X <i>Segadem</i>	DATE 4.11.04	DAYTIME PHONE 863.386.9824
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