


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 635132 1. Entity Name HUGH B. SEVERS, II, M.D., P.A.	
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Principal Place of Business 5539 MARINE PARKWAY NEW PORT RICHEY, FL 34656-1175	Mailing Address P O BOX 1175 6806 CECELIA DR NEW PORT RICHEY, FL 34653
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04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1937260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEVERS, HUGH B. II
 6806 CECELIA DR.
 P.O. BOX 1175
 NEW PORT RICHEY, FL 34652-1175

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1000000103015
 04/12/04-80027-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEVERS, HUGH B. II 3131 BLUFF BLVD. HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPTING, PATRICK L 6806 CECELIA DR NEW PORT RICHEY, FL 34653
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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: Patrick L. Epting *Patrick L. Epting* Date: 4/2/04 Daytime Phone #: 727/841-8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR