


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90016 032 ***150.00

DOCUMENT # 635134	
1. Entity Name DALE M. BRAMAN, M.D., P.A.	

Principal Place of Business 1815 MARINER DR #173 TARPON SPRINGS, FL 34689	Mailing Address 1815 MARINER DR #173 TARPON SPRINGS, FL 34689
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44015669



2. Principal Place of Business 424 Mariner Dr Suite, Apt. #, etc.	3. Mailing Address 424 Mariner Dr Suite, Apt. #, etc.
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03022004 Chg-P CR2E034 (10/03)

City & State Tarpon Springs Zip 34689 Country Pinellas	City & State Tarpon Springs Zip 34689 Country Pinellas
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4. FEI Number 59-1937256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRAMAN, DALE 424 1815 MARINER DR #173 TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>Dale M. Braman</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 2 Mar, 04 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAMAN, DALE M 424 MARINER DR #173 TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, 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: <i>Dale M. Braman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 2 Mar, 04 Daytime Phone #