

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 638503

FILED
Jan 21, 2004
Secretary of State

Entity Name: B.S. BEDI, M.D., P.A.

Current Principal Place of Business:

6151 FT. KING RD.
ZEPHYRHILLS, FL 33540 US

New Principal Place of Business:

6151 FT. KING RD.
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

6151 FT. KING ROAD
ZEPHYRHILLS, FL 33540 US

New Mailing Address:

6151 FT. KING ROAD
ZEPHYRHILLS, FL 33542 US

FEI Number: 59-1943168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA, FL 33606

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEDI, B.S., M.D.,
Address: 6151 FT. KING RD.
City-St-Zip: ZEPHYRHILLS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEDI, B.S., M.D.,
Address: 6151 FT. KING RD.
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BSBEDI MD

PD

01/21/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date