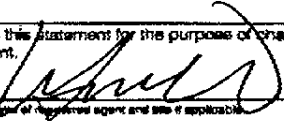


FILED
May 25, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 655706 1. Entity Name ALDOLFO C. DULAY, M.D., P.A.			
Principal Place of Business 302 NE HANCOCK ST POB 934 MADISON, FL 32340		Mailing Address 302 NE HANCOCK ST POB 934 MADISON, FL 32340	
DO NOT WRITE IN THIS SPACE			
			
		05112004 No Chg-F CR2E034 (10/03)	
4. FEI Number 59-1987576		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DULAY, ADOLFO C MD 302 NE HANCOCK STREET MADISON, FL 32340		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 <u></u> DATE <u>5/11/04</u> (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DULAY, ADOLFO C. 302 N.E. HANCOCK ST MADISON, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST DULAY, ADOLFO C. 302 N.E. HANCOCK ST MADISON, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DULAY, MARIA L. 302 N.E. HANCOCK ST MADISON, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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)(f), 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 of this report, or on an attachment with an address, with all other like empowered.			

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05/25/04-80001-015 150.00

5/11/04