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	Mailing Address
302 NE HANCOCK ST POB 934 MADISON, FL 32340	302 NE HANCOCK ST POB 934 MADISON, FL 32340

DO NOT WRITE IN THIS SPACE

05112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1967576
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 X _____ 5/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P
NAME	DULAY, ADOLFO C.
STREET ADDRESS	302 N.E. HANCOCK ST
CITY-ST-ZIP	MADISON, FL
TITLE	ST
NAME	DULAY, ADOLFO C.
STREET ADDRESS	302 N.E. HANCOCK ST
CITY-ST-ZIP	MADISON, FLL
TITLE	D
NAME	DULAY, MARIA L.
STREET ADDRESS	302 N.E. HANCOCK ST
CITY-ST-ZIP	MADISON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000161467
05/25/04-80001-015 150.00

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.

5/11/04