


FILED
Apr 30, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 686082 1. Entity Name EDWARD W.P. SMITH, M.D., P.A.	
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Principal Place of Business 4479 BAYMEADOWS RD JACKSONVILLE, FL 32217	Mailing Address 4479 BAYMEADOWS RD C/O EDWARD W.P. SMITH JACKSONVILLE, FL 32217
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2017524	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

SMITH, EDWARD W.P.
4479 BAYMEADOWS RD
JACKSONVILLE, FL 32207

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 *Edward W.P. Smith* (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, EDWARD W P 4479 BAYMEADOWS ROAD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, EDWARD W P 4479 BAYMEADOWS ROAD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KARTSONIS, JOHN P 4479 BAYMEADOWS ROAD JACKSONVILLE, FL 32217
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)(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: *Edward W.P. Smith* (NOTE: Registered Agent signature required when re-registering) DATE _____ DAYTIME PHONE # _____