


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 847561 1. Entity Name WILLIAM J. BEAN, M.D. & ASSOCIATES	
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Principal Place of Business PROFESSIONAL MEDICAL CORPORATION) 5439 CICADA WAY. PALM BEACH GARDENS, FL 33418-6002 US	Mailing Address PROFESSIONAL MEDICAL CORPORATION) 5439 CICADA WAY. PALM BEACH GARDENS, FL 33418-6002 US
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0702312	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

BEAN, WILLIAM J
5439 CICADA WAY
PALM BCH GRDNS, FL 33418

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BEAN, WILLIAM J., M.D. 5439 CICADA WAY. PALM BCH GRDNS, FL
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02/16/04-80146-025 150.00

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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.J. Bean W.J. Bean 2-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #