
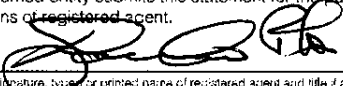
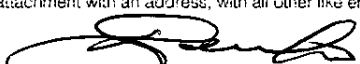


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90082 036 \*\*\*150.00

<b>DOCUMENT # F02400</b> 1. Entity Name <b>D. ZACCHEO, PH.D., P.A.</b>					
Principal Place of Business <b>4541 SW LAURE OAK TER PALM CITY, FL 34990 US</b>				Mailing Address <b>PO BOX 689 STUART, FL 34995 US</b>	
2. Principal Place of Business <b>3892 SW 42ND AVE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PALM CITY FL</b>		City & State		4. FEI Number <b>59-2037344</b>	
Zip <b>34990</b>		Country <b>MARTIN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZACCHEO, DOMINIC 4541 SW LAUREL OAK TERR ADDRESS CHANGE PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>3892 SW 42ND AVE</b> City <b>PALM CITY FL</b> Zip Code <b>34990</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>1/14/04</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZACCHEO, DOMINIC 4541 SW LAUREL OAK TERR PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZACCHEO, DOMINIC 3892 SW 42ND AVE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>1/14/04 772-287-0217</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					