2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F03975

FILED Mar 25, 2004 8:00 am **Secretary of State**

03-25-2004 90031 015 ***150.00

1. Entity Name E.S. BRANIGAN, III, M.D., P.A.												
Principal Place of Business			М	Mailing Address			-	94036286				
70 ROYAL PALM BLVD. VERO BEACH, FL 32960				70 ROYAL PALM BLVD. VERO BEACH, FL 32960					0,100			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03132004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State			4. FEI Numb 59-203				plied For at Applicable	
Zip				Zip	try	5. Certificate	of Status Desired	;	\$8.75 Add Fee Require	litional d		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
GARRIS, CHARLES E. 817 BEACHLAND BLVD						Street Address (P.O. Box Number is Not Acceptable)						
VERO BEACH, FL 32963												
						City			FL	Zip Code		
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 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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribution						~ — •	5.00 May Be ided to Fees					
10. OFFICERS AND DIR					11.	ı	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dele BRANIGAN, E.S., III 1250 LITTLE HARBOUR LANE VERO BEACH, FL				1	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•	ţ				☐ Change	Addition	
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TITLE NAME - U STREET ADDRESS CITY-ST-ZIP	10.30.1 6.30.	· • • • • • • • • • • • • • • • • • • •	٠,,	Delete			,	* P	r.	Change	Addition	
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I hereby certify that the information supplied with this filling 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: _

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3/23/04

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