# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27961

Entity Name: ERIC D. WESTON, M.D., P.A.

# FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1330 S FT HARRISON AVE 1106 DRUID ROAD SOUTH CLEARWATER, FL 34616

SITE 201

CLEARWATER, FL 33756

**Current Mailing Address: New Mailing Address:** 

1330 S FT HARRISON AVE 1106 DRUID ROAD SOUTH CLEARWATER, FL 34616 SUITE 201

CLEARWATER, FL 33756

FEI Number: 59-2074691 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTON, ERIC D., M.D. 1330 S. FT. HARRISON AVENUE CLEARWATER, FL 34616

BERNER, JODY S M.D. 1106 DRÚID ROAD SOUTH SUITE 201 CLEARWATER, FL 33756

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.

SIGNATURE: JODY S. BERNER 07/01/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: PRFS (X) Change ( ) Addition AHN, JOHN D.D. Name: Name: BERNER, JODY S M.D. 1330 S FT HARRISON AVE 1106 DRUID ROAD SOUTH #201 Address: Address: City-St-Zip:

CLEARWATER, FL 33756 CLEARWATER, FL City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: Name: AVILES, LOUIS Name: WESTON, ERIC D M.D.

1330 S FT HARRISON AVE 1106 DRUID ROAD SOUTH #201 Address: Address: CLEARWATER, FL 33756 CLEARWATER, FL 33756 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: STECKLER, ERIC A AVILES, LOUIS M.D. Name: Name:

1330 S FT HARRISON AVE 1106 DRUIS ROAD SOUTH #201 Address Address: City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33756

Title: () Delete Title: DIR ( ) Change (X) Addition STECKLER, ERIC A M.D. Name: Name: Address: Address: 1106 DRUID ROAD SOUTH #201 City-St-Zip: City-St-Zip: CLEARWATER, FL 33756

Title: Title: ( ) Change (X) Addition ( ) Delete

Name:

AHN, JOHN H D.O. Name:

Address: Address: 1106 DRUID ROAD SOUTH #201 City-St-Zip: City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY S. BERNER **PRES** 07/01/2004