


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-04-2004 90082 019 \*\*\*150.00

<b>DOCUMENT # F35240</b> 1. Entity Name <b>GEORGE M. ADAMS, M.D., P.A.</b>			
Principal Place of Business <b>11016 N DALE MABRY STE 204 TAMPA FL 33618</b>		Mailing Address <b>11016 N DALE MABRY STE 204 TAMPA FL 33618</b>	
2. Principal Place of Business <b>11016 N Dale Mabry</b> Suite, Apt. #, etc. <b># 204</b>		3. Mailing Address <b>11016 N Dale Mabry</b> Suite, Apt. #, etc. <b># 204</b>	
City & State <b>Tampa Fl</b>		City & State <b>Tampa Fl</b>	
Zip <b>33618</b>		Zip <b>33618</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2090017</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>ADAMS, GEORGE M. 11212 N DALE MABRY #902 TAMPA FL 33618</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>George M Adams</i></u> <b>George M Adams</b> <u>1/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	P ADAMS, GEORGE M., MD. 11212 N DALE MABRY #902 TAMPA, FL 00000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, GEORGE M., MD. 11212 N DALE MABRY #902 TAMPA, FL 00000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, GEORGE M., MD. 11212 N DALE MABRY #902 TAMPA, FL 00000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u><i>George M Adams</i></u> <b>George M Adams</b> <u>1/27/04</u> <u>813-9613333</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			