

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51575

FILED  
Feb 02, 2004  
Secretary of State

**Entity Name:** PRACTICE MANAGEMENT OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

3491 GANDY BLVD  
STE 201  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23600  
3491 GANDY BLVD  
ST PETERSBURG, FL 337423600 US

**New Mailing Address:**

P.O. BOX 23600  
ST PETERSBURG, FL 337423600 US

**FEI Number:** 59-2337347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WYSONG, ANGELA R  
5491 GANDY BLVD  
STE 201  
PINELLAS PARK, FL 33781 US

**Name and Address of New Registered Agent:**

WYSONG, ANGELA R  
3491 GANDY BLVD  
STE 201  
PINELLAS PARK, FL 33781 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/02/2004

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: JENKINS, JOHN,  
Address: 1959 ARROWHEAD DR N.E  
City-St-Zip: SAINT PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN JENKINS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PST

02/02/2004

\_\_\_\_\_  
Date