2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F59755

1. Entity Name
DR. HARVEY A. PEARL, D.P.M., P.A.

Principal Place of Business	Mailing Address
% DR. HARVEY A. PEARL 2324 UNIVERSITY BLVD., WEST JACKSONVILLE, FL 32217	% DR. HARVEY A. PEARL 2324 UNIVERSITY BLVD., WEST JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

01282004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2142448	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEARL, DR. HARVEY A.
2324 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

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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 Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000046796
02/12/04-00015-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARL, HARVEY A.
STREET ADDRESS	2324 UNIVERSITY BLVD W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _Dr. Harvey A. Pearl_　2-5-04　(904) 737-4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #