


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90026 025 ***150.00

DOCUMENT # F84610 1. Entity Name ROBERT C. BROWN, JR., M.D. P.A.					
Principal Place of Business 1605 TAYO LANE JACKSONVILLE FL 32206			Mailing Address 1605 TAYO LANE JACKSONVILLE FL 32206		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2200650			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOLF, WAYNE A. 3733 UNIVERSITY BLVD. WEST, SUITE 106 JACKSONVILLE FL 32217			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BROWN, ROBERT C MD 1605 TAYO LANE JACKSONVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ROBERT C MD 1605 TAYO LANE JACKSONVILLE FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, RAQUEL L 1605 TAYO LANE JACKSONVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, ROBERT C, III 1605 TAYO LANE JACKSONVILLE FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

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MOORE CR2E034 (11/03)

SIGNATURE: *Robert C. Brown, Jr.* **Robert C. Brown, Jr.** 4-13-04 904 8860451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #