


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90004 033 \*\*\*150.00

**DOCUMENT # F91304**  
 1. Entity Name  
**BONNIE SLADE, PH.D., P.A.**



Principal Place of Business      Mailing Address  
**4951 BABCOCK ST. NE**      **4951 BABCOCK ST. NE**  
**SUITE 3**      **SUITE 3**  
**PALM BAY FL 32905**      **PALM BAY FL 32905**  
**US**      **US**

**J3000J00**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**1555 Port Malabar Blvd.**      **1555 Port Malabar Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 104**      **Suite 104**

City & State      City & State  
**Palm Bay FL**      **Palm Bay FL**

4. FEI Number      Applied For  
**59-2210666**       Not Applicable

Zip      Country      Zip      Country  
**32905**      **USA**      **32905**      **USA**

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

6. Name and Address of Current Registered Agent  
**SLADE, BONNIE, PHD**  
**4951 BABCOCK ST. NE SUITE 3**  
**PALM BAY FL 32905**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1555 Port Malabar Blvd.**  
**Suite 104**  
 City      State      Zip Code  
**Palm Bay**      **FL**      **32905**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	SLADE, BONNIE, PHD	
STREET ADDRESS	4951 BABCOCK ST. NE SUITE 3	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLADE, BONNIE, PHD	
STREET ADDRESS	4951 BABCOCK ST. NE SUITE 3	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Slade, Bonnie, Ph.D.	
STREET ADDRESS	1555 Port Malabar Blvd #104	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Slade, Bonnie, Ph.D.	
STREET ADDRESS	1555 Port Malabar Blvd #104	
CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bonnie Slade      Date: 2.11.04      Daytime Phone #: (321) 729-0870