


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000001058**


1. Entity Name  
**CHARLES W. MCFATTER, M.D., P.A.**



Principal Place of Business  
**215 MOUNTAIN DR.  
 SUITE 102  
 DESTIN, FL 32541 US**

Mailing Address  
**P.O. BOX 870  
 DESTIN, FL 32540**

**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>64-0589696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCFATTER, C.W.  
 215 MOUNTAIN DR, STE 102  
 DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**

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: *CEW McFatter, MD, PA* **3-31-2004**

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

U00000102254  
 04/05/04-80007-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC MCFATTER, CHARLES W 4117 INDIAN BAYOU N. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *CEW McFatter, MD, PA* **3-31-04 (850) 839-3194**

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