2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# G57106

Entity Name: SYLVIA D. CAMPBELL, M.D., P.A.

Current Principal Place of Business:

217 S. MATANZAS AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

217 S. MATANZAS AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2316341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARIN L. RAYMOND
217 S.MATANZAS AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

RAYMOND, KARIN L MANAGER
217 S.MATANZAS AVE.
TAMPA, FL 33609 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: KARIN L RAYMOND 01/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: CAMPBELL, SYLVIA D.,
Address: 217 S. MATANZAS AVE.
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: CAMPBELL, SYLVIA D.,
Address: 217 S. MATANZAS AVE.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: CAMPBELL, SYLVIA D.,
Address: 217 S. MATANZAS AVE.
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition
Name: CAMPBELL, SYLVIA D.,
Address: 217 S. MATANZAS AVE.
City-St-Zip: TAMPA, FL 33609

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: SYLVIA D. CAMPBELL MD 01/27/2004
Electronic Signature of Signing Officer or Director Date