


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90027 032 \*\*\*150.00

<b>DOCUMENT # H08251</b> 1. Entity Name <b>JOHN R. CAPONE, M.D., P.A.</b>					
Principal Place of Business <b>14440 MILITARY TRAIL DELRAY, FL 33984</b>			Mailing Address <b>CAPONE JOHN R. CAPONE MDPA 800 SEASAGE DRIVE DELRAY BEACH, FL 33983 33483</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>JOHN R. CAPONE, M.D.</b>  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2418935</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33483</b>		Country		01152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CAPONE, JOHN R. 14440 MILITARY TRAIL DELRAY BEACH, FL 33484</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>John R. Capone MD</i></u> <span style="float: right;">3/1/04</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>CAPONE, JOHN R. 14440 MILITARY TRAIL DELRAY BEACH, FL 33484</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>John R. Capone MD</i></u> <b>JOHN CAPONE</b>			Date <u>3/1/04</u> Daytime Phone # <u>561498-5800</u>		