2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # H18683

1. Entity Name
DRUCKER & GAILLARD, P.A.

Principal Place of Business	Mailing Address
% PHILIP P. GAILLARD, M.D. 8837 GOODBY'S EXEC DR. JACKSONVILLE, FL 32217	% PHILIP P. GAILLARD, M.D. 8837 GOODBY'S EXEC DR. JACKSONVILLE, FL 32217

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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2439242

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAILLARD, PHILIP P., M.D.
8837 GOODBY'S EXEC DR.
JACKSONVILLE, FL 32217

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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

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

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

U00000045011
02/11/04-80044-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GAILLARD, PHILIP P., MD
STREET ADDRESS	8837 GOODBY'S EXEC DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	MICHAEL S. DRUCKER
STREET ADDRESS	8837 GOODBY'S EXEC DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael S. Drucker MD 2/2/04 (904) 731-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #