



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H24541 1. Entity Name GABOR A. RONA, M.D., P.A.			
Principal Place of Business 5539 MARINE PARKWAY P.O. BOX 1175 NEW PORT RICHEY, FL 34652		Mailing Address 6806 CECELIA DRIVE P.O. BOX 1175 NEW PORT RICHEY, FL 34653	
DO NOT WRITE IN THIS SPACE			
		04082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2455841	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RONA, GABOR A., M.D. 5539 MARINE PARKWAY NEW PORT RICHEY, FL 34652		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000117080 04/19/04-80005-014 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONA, GABOR A. M.D. 5539 MARINE PKWY NEW PORT RICHEY, FL		
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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 filers empowered			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> GABOR A. RONA		Date: 4/15/04 <small>Daytime Phone: _____</small>	