
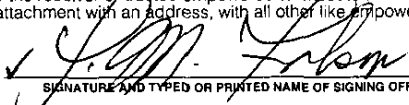


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90041 002 ***158.75

DOCUMENT # H28200			
1. Entity Name WINDTREE PROFESSIONAL CENTER, INC.			
Principal Place of Business 13340 W. COLONIAL DR. STE 250 WINTER GARDEN, FL 34787 US		Mailing Address PO BOX 770068 WINTER GARDEN, FL 34777-0068 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 770088	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WINTER GARDEN, FL	
Zip		Zip 34777-0088	
Country		Country U.S.A.	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MASHBURN, ERIC S. 102 E. MAPLE ST. WINTER GARDEN, FL 32787		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL 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 _____ <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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLSOM, L. M.	NAME	
STREET ADDRESS	16945 W PHIL C PETERS	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLSOM, PAULINE	NAME	
STREET ADDRESS	16945 W PHIL C PETERS	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date	3/03/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	407-877-0505
		Date	Daytime Phone #

4404600



03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2474510 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MASHBURN, ERIC S.
 102 E. MAPLE ST.
 WINTER GARDEN, FL 32787

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State **FL** Zip Code

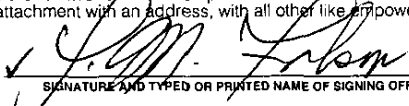
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SIGNATURE: 

Date: 3/03/04

Daytime Phone #: 407-877-0505