

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49537

FILED
Jan 11, 2004
Secretary of State

Entity Name: JAN DUVOISIN, M.D., P.A.

Current Principal Place of Business:

MEASE HOSPITAL
601 MAIN ST
DUNEDIN, FL 34697 US

New Principal Place of Business:

Current Mailing Address:

1801 COUNTRY LN
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVOISIN, JAN
1801 COUNTRY LANE
PALM HARBOR, FL 346832333 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUVOISIN, JAN,
Address: 1801 COUNTRY LN
City-St-Zip: PALM HARBOR, FL 34683

Title: VST () Delete
Name: DUVOISIN, JAN,
Address: 1801 COUNTRY LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAN DUVOISIN

PD

01/11/2004

Electronic Signature of Signing Officer or Director

_____ Date