## 2004 FOR PROFIT CORPORATION

## May 06, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # H69692 WALTER J. SZYDLOWSKI, JR., M.D., P.A. Mailing Address Principal Place of Business 11347 CORTEZ BEVD. 11347 CORTEZ BLVD. BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 No Cha-P CR2E034 (10/03) 02112004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2557439 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SZYDLOWSKI, WALTER J., JR. MD DO NOT WRITE 11347 CORTEE BLVD. BROOKSVILLE, FL 34613 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\_ (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 <del>1:00000157657</del> OFFICERS AND DIRECTORS 10. 05/06/04-80036-008 158.75 TITLE NAME SZYDLOWSKI, WALTER J., JR M.D. STREET ADDRESS 11347 CORTEE BLVD. BROOKSVILLE, FL 34613 CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if further certify that the information indicated on this report or supplemental report is true and according 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 employered to execute the legal effect of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the legal effect of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the legal effect of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute the execute the execute the same legal effect as if made under oath; that I am an officer or director of the corporation of the execute the changed, or on an attact

SIGNATURE

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CXTY - ST - ZIP

> SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR WALTER J. SZYDLOWSKI, JR., MD

**FILED**