

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96401

FILED
Apr 30, 2004
Secretary of State

Entity Name: MARY L. DAVIGLUS, M.D., P.A.

Current Principal Place of Business:

P. O. BOX 450156
KISSIMMEE, FL 347457156

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 450156
KISSIMMEE, FL 347457156

New Mailing Address:

FEI Number: 59-2640996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIGLUS, MARY L.
3027 ZAHARIAS DRIVE
ORLANDO, FL 32837

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: DAVIGLUS, MARY L.,
Address: 3027 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIGLUS, MARY L.,
Address: 3027 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL 32837 US

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: MARY L. DAVIGLUS

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date