2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J20559

Entity Name: ROBERT K. MIDDLEKAUFF, M.D., P.A.

FILED Mar 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1801 BARRS STREET #700

JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

1801 BARRS STREET #700

JACKSONVILLE, FL 32204

FEI Number: 59-2676529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YONG, FRANK YONG, FRANK

701 RIVERSIDE PARK PLACE., STE 110 4570 ST. JOHNS AVE, STE. 1A JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32210

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: 03/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MIDDLEKAUFF, ROBERT LAUCKS, RICHARD C MD Name: Name: 4160 -3 ORTEGA BLVD 4314 MCGIRTS BLVD. Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL City-St-Zip:

Title: DP () Delete Title: VP (X) Change () Addition

 Name:
 LAUCKS, RICHARD C
 Name:
 LAUCKS, CHERYL P

 Address:
 4314 MCGIRTS BLVD
 Address:
 4314 MCGIRTS BLVD

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 JACKSONVILLE, FL
 32210

Title: VP () Delete Title: S (X) Change () Addition Name: LAUCKS, CHERYL P Name: LAUCKS, RICHARD C MD

Name:LAUCKS, CHERYL PName:LAUCKS, RICHARD C MDAddress:4314 MCGIRTS BLVD4314 MCGIRTS BLVDCity-St-Zip:JACKSONVILLE, FL 32210City-St-Zip:JACKSONVILLE, FL 32210

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: CHERYL P LAUCKS VP 03/23/2004