2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # J33625 1. Entity Name 04-09-2004 90061 010 ***150.00 J. RICHARD SUSI, D.O., P.A. Mailing Address Principal Place of Business % J. RICHARD SUSI 7326 LAKE UNDERHILL RD. ORLANDO FL 32822 % J. RICHARD SUSI 7326 LAKE UNDERHILL RD. ORLANDO FL 32822 54029591 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2711936 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSI, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 7326 LAKE UNDERHILL RD. ORLANDO FL 32822 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition PTD ☐ Delete TITLE NAME MAME SUSI, J. RICHARD STREET ADDRESS 7326 LAKE UNDERHILL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition mte ☐ Delete TITLE SUSI, J. RICHARD NAME STREET ADDRESS STREET ADDRESS 7326 LAKE UNDERHILL DR. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME. 1122.45 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZtP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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