


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90005 013 ***150.00

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|--|---|
| DOCUMENT # J49555 1: Entity Name LYLE G. VASHER, D.P.M., P.A. |  |
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| Principal Place of Business % LYLE G. VASHER 1861 PLACIDA RD ENGLEWOOD FL 34223-4900 US | Mailing Address % LYLE G. VASHER 1861 PLACIDA RD ENGLEWOOD FL 34223 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-2787692 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent VASHER, LYLE G. 1861 PLACIDA RD ENGLEWOOD FL 34223 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP VASHER, LYLE G. 210 CAPSTAN DRIVE CAPE HAZE FL 33946 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP VASHER, LYLE G. 1861 PLACIDA RD. #103 ENGLEWOOD, FL. 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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, with all other like empowered.

SIGNATURE: Lyle G. Vasher, DPM **LYLE G. VASHER, DPM** **2-6-2004 (941) 474-5577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #