


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90003 018 ***150.00

DOCUMENT # K30347	
1. Entity Name KEITH P. HUSSEY, M.D., P.A.	

Principal Place of Business 681 GOODLETTE RD #130 NAPLES, FL 34102 US	Mailing Address % KIMBERLY LEACH JOHNSON 4501 TAMIAMI TR., N., SUITE 300 NAPLES, FL 33940 US
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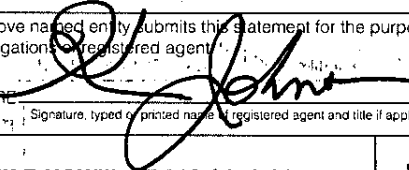


2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o Kimberly Leach Johnson Suite, Apt. #, etc. 1395 Panther Ln Ste 300 City & State Naples, FL 34109-7875 Zip 34109-7875
Country usa	

01092004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0063278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103	
7. Name and Address of New Registered Agent Name NAPLES LAWDOCK, INC. Street Address (P.O. Box Number is Not Acceptable) 1395 Panther Ln Ste 300 City Naples FL Zip Code 34109-7875	

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.

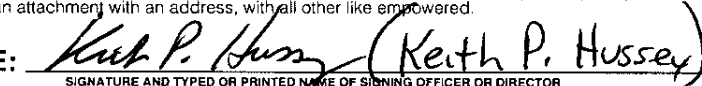
SIGNATURE:  Kimberly Leach Johnson, Naples-Lawdock, Inc. 1-09-04

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	D HUSSEY, KEITH P M.D. 681 GOODLETTE ROAD NORTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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

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:  (Keith P. Hussey) 1/9/04 239 643 9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #