

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36488

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: HUGO MENDONCA M.D., P.A.

**Current Principal Place of Business:**

% ALFRED W. TORRENCE, JR.  
6645 RIDGE RD. SUITE ONE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

7515 SR 52  
SUITE 102  
HUDSON, FL 34667

**Current Mailing Address:**

% ALFRED W. TORRENCE, JR.  
6645 RIDGE RD. SUITE ONE  
PORT RICHEY, FL 34668

**New Mailing Address:**

1745 DAYLILY DRIVE  
TRINITY, FL 34655

FEI Number: 59-2910570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRENCE, ALFRED W., JR.  
6645 RIDGE RD. SUITE ONE  
PORT RICHEY, FL 34668 US

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

MENDONCA, MARY ANN L  
5609 WEST SHORE DRIVE  
NEW PORT RICHEY, FL 34652 US

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: MARY ANN L MENDONCA

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MENDONCA, HUGO,  
Address: 5609 W. SHORE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MENDONCA, HUGO,  
Address: 1745 DAYLILY DRIVE  
City-St-Zip: TRINITY, FL 34655

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: HUGO L MENDONCA

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date