

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91482

Entity Name: LCO GROUP, P.A.

FILED
Mar 24, 2004
Secretary of State

Current Principal Place of Business:

600 NORTH BLVD. WEST SUITE C
LEESBURG, FL 34748

New Principal Place of Business:

600 NORTH BLVD. WEST
SUITE C
LEESBURG, FL 34748

Current Mailing Address:

600 NORTH BLVD. WEST SUITE C
LEESBURG, FL 34748

New Mailing Address:

600 NORTH BLVD. WEST
SUITE C
LEESBURG, FL 34748

FEI Number: 59-2953521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, PATTI
600 NORTH BLVD WEST
SUITE C
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

WOLF, PATTI L
600 NORTH BLVD WEST
SUITE C
LEESBURG, FL 34748 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: PATTI L. WOLF

03/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HUNTT, H. ANDREW JR.
Address: 600 N BLVD. WEST
City-St-Zip: LEESBURG, FL

Title: VD () Delete
Name: COWIN, JOHN A M.D.
Address: 600 N BLVD. WEST
City-St-Zip: LEESBURG, FL

Title: PD () Delete
Name: OLLIVIERRE, CARL O M.D.
Address: 600 N BLVD. WEST
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HUNTT, H. ANDREW JR.
Address: 600 N BLVD. WEST, SUITE C
City-St-Zip: LEESBURG, FL 34748

Title: VD (X) Change () Addition
Name: COWIN, JOHN A M.D.
Address: 600 N BLVD. WEST, SUITE C
City-St-Zip: LEESBURG, FL 34748

Title: PD (X) Change () Addition
Name: OLLIVIERRE, CARL O M.D.
Address: 600 N BLVD. WEST, SUITE C
City-St-Zip: LEESBURG, FL 34748

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: CARL O. OLLIVIERRE, MD

PRES

03/24/2004

Electronic Signature of Signing Officer or Director

Date