


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L01713
 1. Entity Name
 J. CAROL GRIGG, M.D., P.A.



Principal Place of Business 4167 SANORA LANE ORMOND BEACH, FL 32174 US	Mailing Address 4167 SANORA LANE ORMOND BEACH, FL 32174 US
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2958220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRIGG, J CAROL MD
 4167 SANORA LANE
 ORMOND BEACH, FL 32174

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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: *J. Carol Grigg MD* (E. GRIGG) DATE: 2-24-04 (E. GRIGG)

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRIGG, J CAROL 4167 SANORA LANE ORMOND BEACH, FL 32174
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 02/27/04-80032-025 150.00

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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: *J. Carol Grigg MD* DATE: 1/29/04 DAYTIME PHONE #: 386-676-1580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR