

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14180

FILED
Mar 23, 2004
Secretary of State

Entity Name: BAYSHORE MEDICAL PLAZA, INC.

Current Principal Place of Business:

88 PINE ISLAND RD UNIT 2
N. FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

88 PINE ISLAND RD UNIT 2
N. FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0164320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, LEIGH M.
4002 DEL PRADO BLVD
CAPE CORAL, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MINA, JOHN,
Address: 88 PINE ISLAND RD. #2
City-St-Zip: N. FORT MYERS, FL

Title: VD () Delete
Name: WILLIAMSON, DON E.,
Address: 88 PINE ISLAND RD. #3
City-St-Zip: N. FT. MYERS, FL

Title: SD () Delete
Name: TUCKER, TERRY L.,
Address: 88 PINE ISLAND RD. #3
City-St-Zip: N. FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN MINA

PD

03/23/2004

Electronic Signature of Signing Officer or Director

Date