2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# L20649

Entity Name: TURNER ARTHRITIS ASSOCIATES, CHARTERED

Current Principal Place of Business:

% ROBERT A. TURNER MD
2151 45TH ST #201-203
W PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

% ROBERT A. TURNER MD
2151 45TH ST #201-203
W PALM BEACH, FL 33407

New Mailing Address:

% ROBERT A. TURNER MD
2223 EMBASSY DRIVE
W PALM BEACH, FL 33401

FEI Number: 65-0151948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, ROBERT A. MD
2151 45TH ST
SUITES 201-203
W PALM BEACH, FL 33407

Name and Address of New Registered Agent:

TURNER, ROBERT A MD
2223 EMBASSY DRIVE
W PALM BEACH, FL 33401

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: ROBERT A. TURNER MD 01/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TURNER, ROBERT A. MD,
Address: 2151 45TH ST #201-203
City-St-Zip: W PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: TURNER, ROBERT A MD
Address: 2223 EMBASSY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

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: ROBERT A TURNER MD DR 01/08/2004
Electronic Signature of Signing Officer or Director Date