

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90025 014 ***150.00

DOCUMENT # L24861
 1. Entity Name
 CITRUS CHEST AND LUNG SPECIALISTS, P.A.



Principal Place of Business 318 S LINE AVENUE INVERNESS, FL 34452 US	Mailing Address 318 S LINE AVENUE INVERNESS, FL 34452 US
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94016737



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2974057	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
 CAMPBELL, STEPHEN D.
 318 S LINE AVENUE
 INVERNESS, FL ~~32852~~ 34452

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
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	P CAMPBELL, STEPHEN D. 318 S LINE AVENUE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNAPP, MARK J. 318 S LINE AVENUE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS	TS JAVIER-NEGRIN, LUIS 318 S LINE AVENUE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Stephen D. Campbell MD Michael R. Campbell 2/17/04 (352) 637-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President