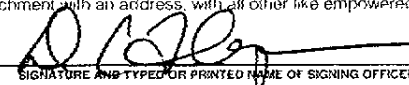


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
- Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L38326 1. Entity Name DEBORAH C. FLANAGAN, O.D., P.A.			
Principal Place of Business 3160 5TH AVE NO STE 107 SAINT PETERSBURG, FL 33713		Mailing Address 3160-5TH AVE NO STE 107 SAINT PETERSBURG, FL 33713	
DO NOT WRITE IN THIS SPACE			
		 01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3008682	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANAGAN, DYRIL L 5960 CENTRAL AVE STE F SAINT PETERSBURG, FL 33707		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ (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	U000000113312 04/15/04-80004-013 150.00
10. OFFICERS AND DIRECTORS			
NAME TITLE STREET ADDRESS CITY, ST, ZIP	PCEO FLANAGAN, DEBORAH C 5909 PELICAN BAY PLZ SAINT PETERSBURG, FL 33707		
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NAME TITLE STREET ADDRESS CITY, ST, ZIP			
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: 		4/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	