


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90050 034 ***150.00

DOCUMENT # L57872	
1. Entity Name JAMES L. SWARTZ, D.O., P.A.	

Principal Place of Business 3600 NW 43RD ST D-1 GAINESVILLE FL 32606 US	Mailing Address 3600 NW 43RD ST D-1 GAINESVILLE FL 32606 US
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2. Principal Place of Business 20 SW 2nd St	3. Mailing Address PO BOX 429
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State High Springs FL	City & State High Springs FL
Zip 32643	Zip 32655
Country USA	Country USA

4. FEI Number 59-2995023	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWARTZ, JAMES L., SR. 3600 NW 43RDST SUITE D-1 GAINESVILLE FL 32606	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 <i>James L Swartz</i>	DATE James L Swartz DOPA 3-2-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, JAMES L., JR. PO BOX 3249 HIGH SPRINGS FL 32655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWARTZ, JAMES L., SR. 3600 NW 43RD ST GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>James L Swartz</i>	DATE James L Swartz DOPA 3-2-04 386-454 2224