



2004 **FOR PROFIT CORPORATION**
ANNUAL REPORT

PS 1782

DOCUMENT # L59553					
1. Entity Name CHARLES DANIEL MOONEY, M.D., P.A.					
Principal Place of Business 2299 SCENIC HIGHWAY UNIT C6 PENSACOLA, FL 32503			Mailing Address 2299 SCENIC HIGHWAY UNIT C6 PENSACOLA, FL 32503		
2. Principal Place of Business 2299 SCENIC HIGHWAY		3. Mailing Address 2299 SCENIC HIGHWAY		 04272004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. UNIT C6		Suite, Apt. #, etc. UNIT C6			
City & State PENSACOLA, FL		City & State PENSACOLA, FL			
Zip 32503		Zip 32503			
Country USA		Country USA		4. FEI Number 59-3000119	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHARLES DANIEL MOONEY 2299 SCENIC HIGHWAY UNIT C6 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 <u>Charles D. Mooney</u> (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D CHARLES DANIEL MOONEY 2299 SCENIC HIGHWAY, UNIT C6 PENSACOLA, FL 32503 <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900036938953 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/13/04--01061--017 **600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Charles D. Mooney</u> 4/28/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date					

FILED
04 MAY -7 PM 3:57
SECRETARY OF STATE
RENEW STATEMENT 01-04
to

ps 2092

CHARLES DANIEL MOONEY, M.D., P.A.
2209 SCENIC HIGHWAY, UNIT C6
PENSACOLA, FLORIDA 32504

April 28, 2004

Florida Department of State
Division of Corporations
Post Office Box 6198
Tallahassee, Florida 32314

RE: Uniform Business Report for Year 2001, 2002, 2003 and 2004

Dear Sir/Madam:

Enclosed please find the Uniform Business Report for the Year 2001, 2002, 2003 and 2004 for Charles Daniel Mooney, M.D., P.A., together with a check in the amount of \$600.00.

Please be advised that the undersigned moved and for whatever reason the Uniform Business Report form for years 2001, 2002, 2003 and 2004 was not forwarded and/or received by Charles Daniel Mooney, M.D., P.A. thereby resulting in the undersigned's failure to submit such Uniform Business Report to the Florida Department of State. As you can see from the payment history of Charles Daniel Mooney, M.D., P.A., the undersigned has always timely filed its Uniform Business Report with the Department of State and would have filed such Uniform Business Report had same been received. Therefore, we would respectfully ask that all late penalties imposed be waived and that you accept our check in the amount of \$600.00 as full payment for the 2001, 2002, 2003 and 2004 Uniform Business Report forms.

Sincerely,

Charles D. Mooney

Charles Daniel Mooney, President

/cdm

Enclosures