2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 13, 2004 08:00 AM Secretary of State DOCUMENT # M93445 STEPHEN W. WELDEN, M.D., P.A. Principal Place of Business Mailing Address 4801 N HABANA AVE 4801 N HABANA AVE TAMPA, FL 33607 TAMPA, FL 33607 01302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2918213 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WELDEN, STEPHEN W. DO NOT WRITE 4801 N HABANA AVE __ TAMPA, FL 33607 IN THIS SPACE 3. The above named entity submilip this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agents 1-28-04 INOTE. Registered Agent signature required when remassifing UUUUUUUUSU438 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 02/16/04-80011-001 158.75 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PS WELDEN, STEPHEN W. NAME STREET ADDRESS 4801 N HABANA AVE CITY-ST-ZIP TAMPA, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TRILE IN THIS SPACE MARAT STREET ADDRESS CITY-ST-ZIP 3333.E NAME STREET ADDRESS CITY-ST-ZIP TERF MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 W WELDEN