

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N11882
 1. Entity Name
CENTRAL PARKWAY PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business Mailing Address
901 CENTRAL PKWY **PO BOX 6195**
STUART, FL 34994 US **STUART, FL 34997 US**



DO NOT WRITE IN THIS SPACE

01222004 No Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
65-0085431 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBINSOND, CONNIE J
1988 SE MONROE ST
STUART, FL 34997

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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 02/27/04-80009-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO GALLAGHER, FRANK 961 CENTRAL PKWY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEYERS, CLYDE 955 CENTRAL PKWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDER, JOSEPH 963 CENTRAL PKWY STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTES, ARTHUR L 909 & 911 CENTRAL PKWY STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAW, STUART 959 CENTRAL PKWY STUART, FL 34996
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)(f), 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 617, 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: *Frank Gallagher* Date: 2/26/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR