

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39764

**FILED**  
**Mar 29, 2004**  
**Secretary of State****Entity Name:** MADISON STREET PROFESSIONAL CENTER ASSOCIATION, INC.**Current Principal Place of Business:**6641 MADISON STREET  
NEW PORT RICHEY, FL 34652 US**New Principal Place of Business:****Current Mailing Address:**6641 MADISON STREET  
NEW PORT RICHEY, FL 34652 US**New Mailing Address:**2822 GREY OAKS BLVD.  
TARPON SPRINGS, FL 34688 US**FEI Number:** 65-0141295**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DEMPSEY, DAVID W.  
6641 MADISON STREET  
NEW PORT RICHEY, FL 34652**Name and Address of New Registered Agent:**DEMPSEY, DAVID W.  
2822 GREY OAKS BLVD.  
TARPON SPRINGS, FL 34688

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.

SIGNATURE: \_\_\_\_\_

03/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** DEMPSEY, DAVID W.,  
**Address:** 6641 MADISON STREET  
**City-St-Zip:** NEW PORT RICHEY, FL**Title:** STD ( ) Delete  
**Name:** DEMPSEY, THELMA  
**Address:** 2336 WOODBEND CIRCLE  
**City-St-Zip:** NEW PORT RICHEY, FL 34655**Title:** D ( ) Delete  
**Name:** DEMPSEY, WILLIAM  
**Address:** 2336 WOODBEND CIRCLE  
**City-St-Zip:** NEW PORT RICHEY, FL 34655**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** DEMPSEY, DAVID W.,  
**Address:** 2822 GREY OAKS BLVD.  
**City-St-Zip:** TARPON SPRINGS, FL 34688**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** STD ( ) Change (X) Addition  
**Name:** DEMPSEY, REBECCA L  
**Address:** 2822 GREY OAKS BLVD.  
**City-St-Zip:** TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. DEMPSEY, D.D.S.

PD

03/29/2004

Electronic Signature of Signing Officer or Director

Date