


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90254 004 ***150.00

DOCUMENT # P00000014008	
1. Entity Name JACQUELINE LEVY KAISER, M.D., P.A.	

Principal Place of Business 2045 GLENWOOD DRIVE WINTER PARK, FL 32792	Mailing Address 2045 GLENWOOD DRIVE WINTER PARK, FL 32792
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24036001

2. Principal Place of Business 255 N. LAKEMONT AVENUE Suite, Apt. #, etc. SUITE 100	3. Mailing Address 255 N. LAKEMONT AVENUE Suite, Apt. #, etc. SUITE 100
City & State WINTER PARK FL	City & State WINTER PARK FL
Zip 32792	Country ORANGE



01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3626114		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KAISER, JACQUELINE L 2045 GLENWOOD DRIVE WINTER PARK, FL 32792		
7. Name and Address of New Registered Agent Name KAISER, JACQUELINE L Street Address (P.O. Box Number is Not Acceptable) 255 N. LAKEMONT AVENUE SUITE 100 City WINTER PARK FL Zip Code 32792		

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: J. Kaiser DATE: 1/6/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 KAISER, JACQUELINE L MD 2045 GLENWOOD DRIVE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAISER, JACQUELINE L, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 N. LAKEMONT AVE, STE 100 WINTER PARK FL 32792
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
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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: J. Kaiser DATE: 1/6/04 407 628 1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR