
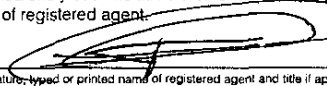
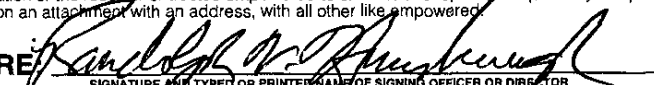


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90019 047 ***150.00

DOCUMENT # P00000040666 1. Entity Name STUART HEALTH ASSOCIATES, P.A.																													
Principal Place of Business 508 E. OSCEOLA ST. STUART, FL 34994			Mailing Address 508 E. OSCEOLA ST. STUART, FL 34994																										
2. Principal Place of Business 500 SE Dixie Hwy.		3. Mailing Address 500 SE Dixie Hwy.																											
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2																											
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 65-1015697																									
Zip 34994		Country USA		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 KEANE, GREGORY G 729 S. FEDERAL HWY., STE. 222 STUART, FL 34994			7. Name and Address of New Registered Agent Name Thomas Fogt, Esq. Street Address (P.O. Box Number is Not Acceptable) 700 Colorado Ave. City Stuart FL Zip Code 34994																										
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  Thomas A. Fogt, Esq. DATE 3/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANSBROUGH, RANDOLPH V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1320 SW DYER POINT RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM CITY, FL 34990</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HANSBROUGH, RANDOLPH V		STREET ADDRESS	1320 SW DYER POINT RD		CITY-ST-ZIP	PALM CITY, FL 34990		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(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 				Date 3/26/04 Daytime Phone # 772-288-3303																									