

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067524

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE RENAISSANCE MEDICAL GROUP, P.A.

Current Principal Place of Business:

509 JACKSON ST. N.
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

509 JACKSON ST. N.
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3657985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, C. PHILLIP JR
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD, STE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DENNY, KEVIN M M MD
Address: 509 JACKSON STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DVPT () Delete
Name: WOODS, VICTORIA MD
Address: 509 JACKSON STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DVPS () Delete
Name: CASADEVALLS, JUAN P MD
Address: 509 JACKSON STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: AS () Delete
Name: ELLIOT, VICTORIA J
Address: 101 EAST KENNEDY, SUITE 2800
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPT (X) Change () Addition
Name: WEITMAN, MARK MD
Address: 509 JACKSON STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DVPT (X) Change () Addition
Name: CASADEVALLS, JUAN P MD
Address: 509 JACKSON STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CASADEVALLS, M.D.

DVPT

04/28/2004

Electronic Signature of Signing Officer or Director

Date