2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000093755

KAREN BALDWIN, M.D., P.A.



SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

320 OAKFIELD DR, SUITE E BRANDON, FL 33511

320 OAKFIELD DR, SUITE E BRANDON, FL 33511



CR2E034 (10/03)

FILED

2004 MAY 12 PM 2: 48

03022003 DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3669300	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, KAREN 320 OAKFIELD DR, SUITE E BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

No Chg-P

		i				
	named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and the	tle if applicable. (NOTE: Registered	Agent signature required when reinstating)	CATE		
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May Be			
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZEP	P BALDWIN, KAREN 320 OAKFIELD DR, SUITE E BRANDON, FL 33511		100036275501 05/13/0401077005 **550.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP -			US/1	.3/U4U1U//UU5 **55U.UU		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZEP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				8/13 m		
12. I hereby	certify that the information supplied with this	s filing does not qualify for the exen	notion 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 efficer 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:	Kaun Baldwin 40	president_	5-7-04	8136576546
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #