## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000095542 1. Entity Name ROBERT C. GUAGENTI, D.O., P.A.

**FILED** Jul 19, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1219 S EAST AVE SUITE 206 SARASOTA, FL 34239

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07132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1045838

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUAGENTI, ROBERT C D.O. 1219 S. EAST AVE STE 206 SARASOTA, FL 34239			DO NOT WRITE IN THIS SPACE		
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  Signature, ground or printed name of registered agent and title it applicable  NOTE Registered Agent signature regulated when refinalisting)  - DATE					
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004		Section Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D D GUAGENTI, ROBERT C D.O. 1219 S. EAST AVE, STE 206 SARASOTA, FL 34239	CTORS		- Andrews - Andr	(Inqui)n165870 (67/19/04-80001-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-SI-ZIP					NOT WRITE
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ISTLE NAME STREET ADDRESS CITY-ST-ZIP					<del>-</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). 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 ampowered to execute prints report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the receiver or trustee ampowered to execute prints report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					

SIGNATURE: