
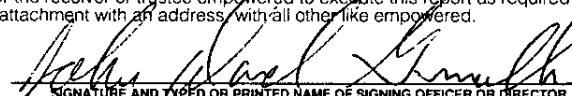


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90028 037 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P00000107841 1. Entity Name JOHN DAVID GUNSALLUS, C.R.N.A., P.A. | |  | |
| Principal Place of Business 3878 WATERCREST DR. LONGWOOD FL 32779 | | Mailing Address 3878 WATERCREST DR. LONGWOOD FL 32779 | |
| 2. Principal Place of Business 348 Sahalli Ct Suite, Apt. #, etc. | | 3. Mailing Address 348 Sahalli Ct Suite, Apt. #, etc. | |
| City & State Davenport Zip 33837 Country Polk | | City & State Davenport Zip 33837 Country Polk | |
| 4. FEI Number 59-3689981 | | 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 GUNSALLUS, JOHN D C.R.N.A 3878 WATERCREST DR. LONGWOOD FL 32779 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____ | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PC GUNSALLUS, JOHN DAVID 3878 WATERCREST DR LONGWOOD FL 32779 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP PC Gunsallus, John David 348 Sahalli Ct Davenport FL 33837 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T GUNSALLUS, LORIEN 3878 WATERCREST DR LONGWOOD FL 32779 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | <input type="checkbox"/> Delete | | <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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 2/8/04 Daytime Phone # 863-240-9095 | |