2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

TAMPA, FL 33613 TAMPA, FL 33613 TAMPA, FL 33613 3. Mailing Address Suite, Apt. #, etc. O4082004 Chg. P CR2E034 (10/03) Applied For 59-3686594 Sate Applie	1. Entity Nam	WENT # P00000113	3965				cretary 12-2004 90318			
Suite, Apt. #, stoc. Suite, Apt. #, stoc. Suite, Apt. #, stoc. City & State Applied For Sp-3686594 A. If El Number Sp-3686594 A. File Number Sp-3686594 A. File Number Sp-3686594 A. File Number For Required To Name and Address of New Registered Apent Name Street Address (P.O. Box Number is Not Acceptable) Street	15511 N FLO SUITE D	ORIDA AVE	15511 N FLORIDA AVI SUITE D	;					1 :50: 1: 10 :	
City & State Ci	2. Principal P	ace of Business	3. Mailing Address							
Second Status Desired Seco	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04082004 Ch	g-P CR2I	E034 (10/03)		
S. Cerriticate of Status Desired Fee Required	City & State		City & State					Applied For Not Applicable		
Name	Zip	Country	Zip	Count	ry	5. Certificate of Status	Desired 🔀	\$8.75 Add Fee Require	litional d	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL. 33613 City FL Zip Code B. The above named entity submits his statement for the purpose of changing its registered digent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Sig		6. Name and Address of Current	Registered Agent			7. Name and Address	s of New Registere	d Agent		
THE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Addition of the composition of the received of the composition of the compositi	15511 N F	LORIDA AVE		. :		P.O. Box Number is Not		Zíp Cod	θ	
TITLE NAME INEZZI, ALAN J 15511 N FLORIDA AVENUE, STE D CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME ROKITA, ROSALIND SIRET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITLE VP SIRET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITLE VP SIRET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITLE VP SIRET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP TITLE NAME SIRET ADDRESS CI	SIGNATURE_	Signature, typed or printed names (egits) and of printed names (egits) and	9. Election Campa Trust Fund Con	aign Finan	cing , \$5.	OO May Be	419 oate	104	<u>.</u>	
IEZZI, ALAN J STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITUE NAME ORNITA, ROSALIND TAMPA, FL 33613 TITUE NAME ORNITA, ROSALIND TAMPA, FL 33613 TITUE NAME SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITUE VP CONNLEY, GEORGE NAME STREET ADDRESS STREET ADDRES	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS	S IN 11	
ROKITA, ROSALIND 15511 N FLORIDA AVE TAMPA, FL 33613 CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP NAME CONNLEY, GEORGE 15511-N. FLORIDA AVE. SUITE D TAMPA, FL 33613 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IEZZI, ALAN J 15511 N FLORIDA AVENUE, ST		NAMI STRE	IEZZ ET ADDRESS 1551	1 N FLORIDA AVENUE	STE D	Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONNLEY, GEORGE 15511-N. FLORIDA AVE. SUITE		NAMI STRE	ET ADDRESS		30.		Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAMI Stre	ET ADDRESS ^			☐ Change	Addition	
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SIGNATURE: ALAN J. IEZZI, MD, PRESIDENT 04/09/2004 813-908-8700 EXT.232	indicated of the cor	on this report or supplemental report poration or the receiver or trustee emp	is true and accurate and that powered to execute this repor	my signat t as requi	ure shall have the red by Chapter 607	same legal effect as if m 7. Florida Statutes; and th	ade under oath; that	t I am an officer	or director	
	SIGNAT	URE: A-HB	1/AD	ALAN J	IEZZI, MD, PRES	IDENT 04/09	/20048	13-908-8700 E	XT.232	