

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90059 042 ***150.00

DOCUMENT # P01000006948					
1. Entity Name LORRAINE CRISCI RYAN, M.D., P.A.					
Principal Place of Business 1100 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169			Mailing Address 1100 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business <i>6616 Merryvale Lane</i>		3. Mailing Address <i>6616 Merryvale Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Port Orange F</i>		City & State <i>Port Orange FL</i>		4. FEI Number 59-3691960	
Zip <i>32128</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKIN, MARSHALL H 149-P S. RIDGEWOOD AVE., #710 DAYTONA BEACH, FL 32114			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P RYAN, LORRAINE C M.D. 1100 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6616 Merryvale Lane Port Orange FL 32128</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>1/23/04</i> Daytime Phone #: <i>(386) 547-4187</i>		