


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000008997 1. Entity Name CATHERINE COZAD, M.D., P.A.	
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Principal Place of Business 8787 BRYAN DAIRY RD SUITE 250 LARGO, FL 33777	Mailing Address 8787 BRYAN DAIRY RD SUITE 250 LARGO, FL 33777
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3692274	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 GASSMAN, ALAN S ESQ 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) 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	000000104824 04/06/04-80027-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COZAD, CATHERINE MD 8787 BRYAN DAIRY RD #250 LARGO, FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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:  **CATHERINE COZAD, M.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/31/04 (927) 581-1121
Date Daytime Phone #