

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028997

FILED
Apr 28, 2004
Secretary of State

Entity Name: GARY W. MALLOW, M.D., P.A.

Current Principal Place of Business:

8251 WEST BROWARD BOULEVARD
SUITE 404
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8251 WEST BROWARD BOULEVARD
SUITE 404
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 01-0738287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLOW, GARY W MD
8251 WEST BROWARD BOULEVARD
SUITE 404
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALLOW, GARY W MD
Address: 8251 WEST BROWARD BOULEVARD SUITE 404
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. MALLOW MD

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date