2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P01000032924

Entity Name: CESAR EURIBE, M.D., P.A.

Current Principal Place of Business:

13940 US HWY 441
SUITE 503
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

PO BOX 1746
LADY LAKE, FL 32159

New Mailing Address:

PO BOX 1746
LADY LAKE, FL 32158

FEI Number: 59-3701603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EURIBE, CESAR M.D.
1400 U.S. HIGHWAY 441
BUILDING 500 - SUITE 536
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

EURIBE, CESAR M.D.
13940 US HWY 441
BUILDING 500 - SUITE 503
LADY LAKE, FL 32159 US

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: CESAR A EURIBE 01/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EURIBE, CESAR M.D.
Address: 1400 U.S. HIGHWAY 441 BLDG. 500 #536
City-St-Zip: THE VILLAGES, FL 32159

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: CESAR A EURIBE D 01/06/2004
Electronic Signature of Signing Officer or Director Date