
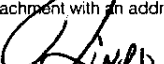


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90118 002 ***158.75

DOCUMENT # P01000041506			
1. Entity Name PETER G. LINDO M.D., P.A.			
Principal Place of Business 220 SOUTH WEST 84TH AVENUE SUITE 205 PLANTATION, FL 33324		Mailing Address 220 SOUTH WEST 84TH AVENUE SUITE 205 PLANTATION, FL 33324	
2. Principal Place of Business 4101 NW 4 TH STREET Suite, Apt. #, etc. - 409 City & State PLANTATION, FL Zip 33312 Country BROWARD		3. Mailing Address 4101 NW 4 TH STREET Suite, Apt. #, etc. 409 City & State PLANTATION, FL Zip 33317 Country BROWARD	
4. FEI Number 65-1095274		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 LINDO, PETER G 12261 NW 12TH ST. PLANTATION, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE:  PETER G. LINDO M.D.		6/30/04 (954) 321-9555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



Attachment
44047225
PO 1000041506

PETER G. LINDO, M.D., P.A.

Diplomate American Board of Internal Medicine
Diplomate American Board of Critical Care Medicine
Diplomate of American Board of Pulmonary Medicine
4101 NW 4TH Street # 409
Plantation, FL 33324
Phone 954-855-6283
Fax 954-540-4976

Division of Corporations

PO Box 6198

Tallahassee, FL 32314-6198

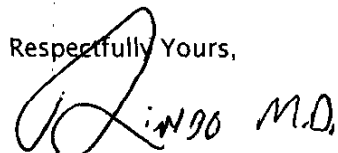
RE: ANNUAL REPORT

In March of 2004 I was in receipt of a post card which gave me the option to have the annual report form mailed to me. I did send in the card. The card did not at the time give me the option of downloading the annual report form.

I was informed of this only after calling the Division of Corporation. Please except my payment in the amount of \$150.00.

I am now well in formed and in the future I will either file on line or download the form.

Respectfully Yours,

 M.D.

Peter G. Lindo MD., FCCP

(jes)