2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUI 1. Entity Name POLMED		78					
Principal Place 3200 MASTE CLEARWATER	R DR	Mailing Address 3200 MASTER DR CLEARWATER, FL 33761		((000)),000	t top weigen (1904) weight weigh weigen tot t		
DO NOT WRITE IN THIS SPACE					· · · · · · · · · · · · · · · · · · ·	R2E034 (10/03) Applied For Not Applicable	
KASZUBA, ROBERT 3200 MASTER DR CLEARWATER, FL 33761				DO NOT WRITE IN THIS SPACE			
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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and life if applicable. RIOTE: Registered Agent signature required when relatibility) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		-	
10.	OFFICERS AND DIR	ECTORS	<u> </u>		 		
Title Name Street address City-St-Zip	PD KASZUBA, ROBERT 3200 MASTER DR CLEARWATER, FL 33761				U00000109 04/12/04-800	999 65-024 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DC	NOT WR	ITE	
THEE NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicated of the co- changed	certify that the information supplied with this on this report or supplemental leport is true poration of the receiver or busine empower, or on an attachment with an address, with	siling does not qualify for the exe e and accurate and that my signs red to execute this report as requ all other like empowered.	emption stated ature shall have lired by Chapte	in Section 119.07 a the same legal e er 607, Florida Sta	(3)(i), Florida Statutes. I furtificate as if made under oath; tutes; and that my name app	ner certify that the information that I am an officer or director pears in Block 10 or Block 11 if	

KASZUBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PRESCOENT 4/3/4

727280505

Daytime Phone #