2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069124

Entity Name: CLARK S. MCCOY MD, PA

FILED Mar 01, 2004 Secretary of State

1026 SW 2ND AVE, SUITE D GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

1026 SW 2ND AVE, SUITE D GAINESVILLE, FL 32601

FEI Number: 59-3733330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCOY, CLARK 1411 NW 51ST TERR. GAINESVILLE, FL 32605 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MCCOY, CLARK S MCCOY, CLARK S Name: Name: 201 S E 2ND AVE # 304 1411 NW 51ST TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32605

Title: Title: (X) Change () Addition () Delete

Name: WALTER, ALLISON Name: WALTER, ALLISON 201 S E 2ND AVE # 304 Address: 1411 NW 51ST TERRACE Address: GAINESVILLE, FL 32601 GAINESVILLE, FL 32605 City-St-Zip: 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.

Ρ SIGNATURE: CLARK MCCOY 03/01/2004