2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P01000080141 1. Entity Name ELEANOR BARONE, M.D., P.A.								04 90434 007 *	
Principal Plac 2401 UNIVES SUITE 204 SARASOTA, F	SITY PARKW		Mailing Address 2401 UNIVESITY PARKWAY SUITE 204 SARASOTA, FL 34243				211 5 116 1 11711 6 2111 4 2 111 2	DIJI BITIKI FRIKI BIZAR MAM B	8 87 (1878 61 18 188)
2. Principal P	5440	ness LE AVENUE	3. Mailing Address 8451 5HANE AVENUE Suite, Apt. #, etc.						
Suite, Apt. #, etc. SUITE # 206 City & State			Suite # 206 City & State			04212004 4. FEI Numi		CR2E034 (10/	03) Applied For
SAKASOM			SAKAS.1A			65-112			Not Applicable
Zip	C Nome	Country 34243 and Address of Current F	Zip	Coun 3	4243		e of Status Desired	Fee Re	Additional quired
	o. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent Name				
BARONE, ELEANOR M.D. 2401 UNIVESITY PARKWAY SUITE 204					Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA, FL 34243 [%]					845) SHADE AVENUE, SUITE #206 City 50406				
SAFASOTA 1 347.4°									347.47
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. Applications of registered agent.									
SIGNATURE CALADOV USAGE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	,	OFFICERS AND I	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OF	FICERS AND DIREC	TORS IN 11
TITLE	Delete III				** ;			□ Cha	nge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	2401 UNI	VESITY PARKWAY SUI TA, FL 34243	TE 204	· STRE	ET ADDRESS 84	I SHADE AVENUE, SUITE # 206 RASOTA, GL 34243			
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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 offect 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: SIGNATURE: DOUGH DOUGH MO PA 4129/04 (941) 358 340									

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR