## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2004 08:00 AM Secretary of State DOCUMENT # P01000101727 BONNIE SANCHEZ, DPM, P.A. Mailing Address Principal Place of Business 318 8TH AVE N 318 8TH AVE N SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 CR2E034 (10/03) 02212004 No Chg-P DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number Not Applic 59-3753776 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LOVELACE, WILLIAM K ESQ. 401 S LINCOLN AVE CLEARWATER, FL 33756 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 Fiorida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing 1000000107176 **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees (14) 197 (14-800) 14-020 150 00 OFFICERS AND DIRECTORS 10. TITLE PD SANCHEZ, BONNIE NAME 318 8TH AVE N STREET ADDRESS. CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 it made under oath, that I am an officer or direct 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. changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP