## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 24, 2004 08:00 AM Secretary of State **DOCUMENT # P01000102664** C.L. ŠKENE, JR., M.D., P.A. Principal Place of Business Mailing Address 5953 17TH AVE. W 5953 17TH AVE. W BRADENTON, FL 34209 BRADENTON, FL 34209 03022004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1155555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKENE, C. L. JR M. D. DO NOT WRITE 5953 17TH AVE. W BRADENTON, FL 34209 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 familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retratating) 9. Election Campaign Financing \$5.00 May Be U000000095147 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 03/24/04-80021-013 150.00 OFFICERS AND DIRECTORS 10, TITLE SKENE, C. L. JR. M. D. NAME 5953 17TH AVE. W STREET ADDRESS BRADENTON, FL 34209 CITY - ST - ZIP mu NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE IIILE NAME STREET ADDRESS CITY - ST- 73P TITLE MARKE

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 eff other like empowered.

SIGNATURE: Y\_ TED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS CITY - ST - ZIP

**FILED**