


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90310 026 ***150.00

DOCUMENT # P01000102715	
1. Entity Name ELENA STANESCU, M.D., P.A.	

Principal Place of Business 300 HEALTH PARK BLVD. SUITE 3000 ST. AUGUSTINE, FL 32086	Mailing Address POST OFFICE BOX 3012 ST. AUGUSTINE, FL 32085
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94049723

2. Principal Place of Business 5301 Atlantic View Suite, Apt. #, etc.	3. Mailing Address 5301 Atlantic View Suite, Apt. #, etc.
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City & State St. Augustine, FL	City & State St. Augustine, FL	4. FEI Number 59-3753935	Applied For Not Applicable
Zip 32080	Country USA	Zip 32080	Country USA

02272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent STANESCU, ELENA MD, PA 300 HEALTH PARK BLVD SUITE 3000 SAINT AUGUSTINE, FL 32086	
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7. Name and Address of New Registered Agent Name ADDRESS CHANGE ONLY: Street Address (P.O. Box Number is Not Acceptable) 5301 Atlantic View City St. Augustine FL Zip Code 32080	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STANESCU, ELENA MD 5301 ATLANTIC VIEW ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: E. Stanesco 3/15/04 (904) 797-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #