


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000118844 1. Entity Name FLORIDA MEDICAL ONE, INC.	
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Principal Place of Business 2745 SWAMP CABBAGE COURT SUITE 207 FORT MYERS, FL 33901	Mailing Address 2745 SWAMP CABBAGE COURT SUITE 207 FORT MYERS, FL 33901
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09202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1159502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRADLEY, JAMES L III 2745 SWAMP CABBAGE COURT SUITE 207 FORT MYERS, FL 33901	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, JAMES L III 2745 SWAMP CABBAGE COURT, SUITE 207 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAAS, ANGELIQUE M 2745 SWAMP CABBAGE COURT, SUITE 207 FORT MYERS, FL 33901
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09/22/04-80003-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

9/20/2004 239-274-5004
Date Daytime Phone #