


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91010 037 ***150.00

DOCUMENT # P02000013162

1. Entity Name
PROFESSIONAL MEDICAL CONCEPTS, INC.



Principal Place of Business Mailing Address
1419 CANTERBURY DR. **1419 CANTERBURY DR.**
CLEARWATER, FL 33756 **CLEARWATER, FL 33756**

54042164



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01312004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
80-8037095 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KNOWLSON, SCOTT P
1419 CANTERBURY DR.
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature type for present name of registered agent and file all applicants (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KNOWLSON, SCOTT P | |
| STREET ADDRESS | 1419 CANTERBURY DR. | |
| CITY-ST-ZIP | CLEARWATER, FL 33756 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | GRAY, BARRY D | |
| STREET ADDRESS | 1419 CANTERBURY DR. | |
| CITY-ST-ZIP | CLEARWATER, FL 33756 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 empowerments.

SIGNATURE _____ **1-31-04 777-588-0790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #