

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90012 024 \*\*\*158.75

**DOCUMENT # P02000030920**

1. Entity Name

DEAN M. CANNON, M.D., P.A.



Principal Place of Business

12329 HARBOR WINDS DR N  
JACKSONVILLE FL 32225

Mailing Address

12329 HARBOR WINDS DR N  
JACKSONVILLE FL 32225

24013111

2. Principal Place of Business

11283 Reed Island Dr.

3. Mailing Address

11283 Reed Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

04-3670380

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32225

Country

USA

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY  
225 WATER ST, STE 1800  
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2-12-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CANNON, DEAN M MD  
STREET ADDRESS 12329 HARBOR WINDS DR N.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE P ☐ Delete  
NAME CANNON, DEAN M MD  
STREET ADDRESS 12329 HARBOR WINDS DR N.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE S ☐ Delete  
NAME CANNON, DEAN M MD  
STREET ADDRESS 12329 HARBOR WINDS DR. N  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE T ☐ Delete  
NAME CANNON, DEAN M MD  
STREET ADDRESS 12329 HARBOR WINDS DR N.  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (Address Change) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11283 Reed Island Drive  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

(904) 382-3812

Daytime Phone #