

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038927

FILED
Apr 29, 2004
Secretary of State

Entity Name: ALEXANDER MULTAK, M.D., P.A.

Current Principal Place of Business:

2320 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

5399 SHORELINE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

2320 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

5399 SHORELINE CIRCLE
SANFORD, FL 32771

FEI Number: 03-0435284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULTAK, ALEXANDER
2320 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

Name and Address of New Registered Agent:

MULTAK, ALEXANDER
5399 SHORELINE CIRCLE
SANFORD, FL 32771

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.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULTAK, ALEXANDER
Address: 2320 FALLING ACORN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MULTAK, ALEXANDER
Address: 5399 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER MULTAK

DR.

04/29/2004

Electronic Signature of Signing Officer or Director

Date