## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000060822

Entity Name: LINDA MAYNARD, M.D., P.A.

SARASOTA, FL 34238

City-St-Zip:

FILED Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5239 HIGHBURY CIRCLE 1901 FLOYD STREET SARASOTA, FL 34238 SUITE 301 SARASOTA, FL 34239 **Current Mailing Address: New Mailing Address:** 3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA, FL 34239 FEI Number: 04-3679236 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUZIER, THOMAS B ESQ. 3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA, FL 34239 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MAYNARD, LINDA M.D. Name: Name: 5239 HIGHBURY CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: VP,S Title: () Change () Addition () Delete Name: MAYNARD, STEVEN Name: 5239 HIGHBURY CIRCLE Address: Address:

City-St-Zip:

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: LINDA MAYNARD P 04/28/2004