


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90010 014 \*\*\*163.75

<b>DOCUMENT # P02000079443</b>	
1. Entity Name <b>KAREN V. HOUGH, A.R.N.P., M.S.N., P.A.</b>	

Principal Place of Business <b>14980 113TH AVENUE NORTH LARGO, FL 33774</b>	Mailing Address <b>14980 113TH AVENUE NORTH LARGO, FL 33774</b>
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2. Principal Place of Business <b>14980 113th Ave N</b>	3. Mailing Address <b>14980 113th Ave N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Ave N.</b>

09082004 Chg-P CR2E034 (10/03)

City & State <b>Largo FL</b>	City & State <b>Largo FL</b>	4. FEI Number <b>APPLIED FOR 30-0106288</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>33774</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HOUGH, KAREN V  
14980 113TH AVENUE NORTH  
LARGO, FL 33774**

**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 *Karen V. Hough* DATE 9/8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUGH, KAREN V 14980 113TH AVENUE NORTH LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Karen V. Hough*

ATTACHMENT 24655137  
# P0200007943

To Whom It May Concern:

9/8/04

Please note I did not receive my renewal notice, I only received the notice to dissolve. I called your office and they instructed me to send in 150.00 and you would waive the late fee, with this explanation. Hopefully you will understand and abide with the instructions I was given.

Thanking you in advance,  
Karen V. Hough

*Karen V. Hough*