2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# P02000090730

Entity Name: MONICA K. BEDI, M.D., P.A.

Current Principal Place of Business:

5664 BEE RIDGE RD.
SUITE 102
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5664 BEE RIDGE RD.
SUITE 102
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 46-0494983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEDI, MONICA K
5146 NORTHRIDGE ROAD
APT. 308
SARASOTA,, FL 34238 US

Name and Address of New Registered Agent:

BEDI, MONICA K M.D.
706 RIVIERA DUNES WAY
PALMETTO, FL 34221 US

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: MONICA K BEDI, M.D. 07/02/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEDI, MONICA K
Address: 5146 NORTHRIDGE ROAD, APT. 308
City-St-Zip: SARASOTA, FL 34238

Title: V (X) Delete
Name: FORD, JOSEPH F
Address: 5146 NORTHRIDGE RD APT 308
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BEDI, MONICA K M.D.
Address: 5146 NORTHRIDGE ROAD, APT. 308
City-St-Zip: SARASOTA, FL 34238

Title: ( ) Change ( ) Addition
Name:
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: MONICA K BEDI, M.D. P 07/02/2004
Electronic Signature of Signing Officer or Director Date