


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000092547

1. Entity Name
 BEACON HEAD AND NECK CLINIC, P.A.



Principal Place of Business
 120 MEDICAL MALL BLVD STE 100
 SPRING HILL, FL 34609

Mailing Address
 120 MEDICAL MALL BLVD STE 100
 SPRING HILL, FL 34609

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)...

| | |
|---|--------------------------------|
| 4. FEI Number 33-1019679 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BROWN, JR., TED W M.D.
 120 MEDICAL MALL BLVD STE 100
 SPRING HILL, FL 34609

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1100000119748
 04/19/04-80111-012 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BROWN, JR., TED W M.D. 120 MEDICAL MALL BLVD STE 100 SPRING HILL, FL 34609 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  **04/14/04** **352-688-9282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #