# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2004**
**Secretary of State**

DOCUMENT# P02000093884

**Entity Name:** SEAB-TETRICK & ASSOCIATES, P.A.

**Current Principal Place of Business:**

414 RIVER ST
PALATKA, FL 32177

**New Principal Place of Business:**

107 MAGNOLIA DRIVE
EAST PALATKA, FL 32131

**Current Mailing Address:**

414 RIVER ST
PALATKA, FL 32177

**New Mailing Address:**

107 MAGNOLIA DRIVE
EAST PALATKA, FL 32131

**FEI Number: 16-1624560** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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:**

Title: PTD ( ) Delete
Name: SEAB-TETRICK, KELLY B MD
Address: 1017 EAST KALEY STREET
City-St-Zip: ORLANDO, FL 32806

Title: VSD ( ) Delete
Name: TETRICK, KEVIN C
Address: 1017 EAST KALEY STREET
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition
Name: SEAB-TETRICK, KELLY B MD
Address: 107 MAGNOLIA DRIVE
City-St-Zip: EAST PALATKA, FL 32131

Title: VSD (X) Change ( ) Addition
Name: TETRICK, KEVIN C
Address: 107 MAGNOLIA DRIVE
City-St-Zip: EAST PALATKA, FL 32131

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: KELLY B SEAB-TETRICK, MD PTD 05/01/2004

Electronic Signature of Signing Officer or Director — Date