


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91033 046 \*\*\*150.00

|   |                         |  |  |
|---|-------------------------|--|--|
| <b>DOCUMENT # P02000122348</b>  |                         |                             |  |
| 1. Entity Name<br>ARMANDO FERNANDEZ, M.D., P.A.   |                         |  |  |
| Principal Place of Business<br>136 20TH AVE/ NE<br>ST PETERSBURG, FL 33704  |                         | Mailing Address<br>136 20TH AVE/ NE<br>ST PETERSBURG, FL 33704   |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address<br><i>122 Coffee Pot Riviera NE</i>   |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.  |  |
| City & State  |                         | City & State<br><i>St. Petersburg FL</i>   |  |
| Zip   |                         | Zip<br><i>33704</i>  |  |
| Country   |                         | Country  |  |
| 4. FEI Number<br>04142004   |                         | Chg-P CR2E034 (10/03)  |  |
| 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<br>RILEY, STEVEN P<br>4805 W LAUREL ST, STE 230<br>TAMPA, FL 33607  |                         | 7. Name and Address of New Registered Agent  |  |
| Name  |                         | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |                         | Street Address (P.O. Box Number is Not Acceptable)   |  |
| City  |                         | City<br><b>FL</b>  |  |
| Zip Code  |                         | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE   | PSCS                    | TITLE  |  |
| NAME  | FERNANDEZ, ARMANDO      | NAME   |  |
| STREET ADDRESS  | 136 20TH AVE/ NE        | STREET ADDRESS   |  |
| CITY-ST- ZIP  | ST PETERSBURG, FL 33704 | CITY-ST- ZIP   |  |
| TITLE   |                         | TITLE  |  |
| NAME  |                         | NAME   |  |
| STREET ADDRESS  |                         | STREET ADDRESS   |  |
| CITY-ST- ZIP  |                         | CITY-ST- ZIP   |  |
| TITLE   |                         | TITLE  |  |
| NAME  |                         | NAME   |  |
| STREET ADDRESS  |                         | STREET ADDRESS   |  |
| CITY-ST- ZIP  |                         | CITY-ST- ZIP   |  |
| TITLE   |                         | TITLE  |  |
| NAME  |                         | NAME   |  |
| STREET ADDRESS  |                         | STREET ADDRESS   |  |
| CITY-ST- ZIP  |                         | CITY-ST- ZIP   |  |
| TITLE   |                         | TITLE  |  |
| NAME  |                         | NAME   |  |
| STREET ADDRESS  |                         | STREET ADDRESS   |  |
| CITY-ST- ZIP  |                         | CITY-ST- ZIP   |  |
| 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: <i>Armando Fernandez</i>   |                         | Date: <i>4-22-04</i> Daytime Phone #: <i>(727) 510-2915</i>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                         | <small>Date Daytime Phone #</small>  |  |