


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90455 032 ***150.00

DOCUMENT # P02000134395	
1. Entity Name MARCIA M. FAULKNER, M.D., P.A.	

Principal Place of Business 9519 OLD HYDE PARK PLACE BRADENTON, FL 34202	Mailing Address 9519 OLD HYDE PARK PLACE BRADENTON, FL 34202
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2. Principal Place of Business 140 NEW BRITON COURT Suite, Apt. #, etc.	3. Mailing Address 140-NEW BRITON COURT Suite, Apt. #, etc.
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City & State BRADENTON, FLORIDA	City & State BRADENTON, FLORIDA
Zip 34212	Country U.S.A.
Zip 34212	Country U.S.A.



04222004 Chg-P CR2E034 (10/03)

4. FEI Number 14-1863401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired- <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FAULKNER, MARCIA M MD 9519 OLD HYDE PARK PL BRADENTON, FL 34202	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 140 NEW BRITON COURT City BRADENTON, FL Zip Code 34212	

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 <i>Marcia M. Faulkner, M.D.</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4/28/04</i> (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 <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, MARCIA M 9519 OLD HYDE PARK PLACE BRADENTON, FL 34202 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Marcia M. Faulkner, M.D.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>4/28/04</i> Date	DAYTIME PHONE <i>(941) 724-7002</i> Daytime Phone #
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