

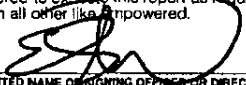


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

04-21-2004 90016 033 ***158.75

DOCUMENT # P02000135384			
1. Entity Name EARL S. STEWART, M.D., P.A.			
Principal Place of Business 2820 SE 3 CT STE 100 OCALA, FL 34471		Mailing Address 2820 SE 3 CT STE 100 OCALA, FL 34471	
2. Principal Place of Business 307 SW 14 St.		3. Mailing Address 307 SW 14 St.	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34474		Zip 34474	
Country USA		Country USA	
4. FEI Number 05-1172094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEWART, EARL S. 2820 SE 3 CT STE 100 OCALA, FL 34471		Name Street Address (P.O. Box Number is Not Acceptable) 307 SW 14 St. City OCALA FL Zip Code 34474	
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 date 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, EARL S 2820 SE 3 CT STE 100 OCALA, FL 34471 New ADD	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
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
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: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	