

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020878

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** CLERMONT OBSTETRICS, GYNECOLOGY & INFERTILITY, P.A.

**Current Principal Place of Business:**

3692 14TH LANE NE  
ST PETERSBURG, FL 33703

**New Principal Place of Business:**

835 SEVENTH STREET  
SUITE 7  
CLERMONT, FL 34711

**Current Mailing Address:**

3692 14TH LANE NE  
ST PETERSBURG, FL 33703

**New Mailing Address:**

P.O. BOX 120363  
CLERMONT, FL 34712

**FEI Number:** 04-3745950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEAN, KRISTINA MD  
3692 14TH LANE NE  
ST PETERSBURG, FL 33703

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

MCLEAN, KRISTINA MD  
12624 LAKESHORE BLVD.  
CLERMONT, FL 34711

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

04/22/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P ( ) Change (X) Addition  
Name: MCLEAN, KRISTINA M MD  
Address: 12624 LAKESHORE BLVD.  
City-St-Zip: CLERMONT, FL 34711

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: KRISTINA M. MCLEAN, MD

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date