


**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90009 026 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000026667</b>			
1. Entity Name <b>NOVELMED, INC.</b>			
Principal Place of Business <b>200 SOUTH HOOVER BLVD. BLDG. 201, SUITE 140 TAMPA, FL 33609</b>		Mailing Address <b>200 SOUTH HOOVER BLVD. BLDG. 201, SUITE 140 TAMPA, FL 33609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>90-0105697</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NELSON, SCOTT F 200 SOUTH HOOVER BLVD. BLDG. 201, SUITE 140 TAMPA, FL 33609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEITH, DOUGLAS J 200 SOUTH HOOVER BLVD. BLDG. 201 #140 TAMPA, FL 33609</b> <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: <i>Douglas J. Seith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-15-04 (227) 424 6664 Date Daytime Phone #	

Attachment

6643/363

Novelmed, Inc  
200 S. Hoover Blvd #201-140  
Tampa, FL 33609

Document # P0300026667

July 12, 2004

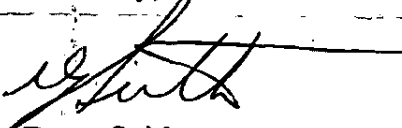
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Enclosed 2004 For Profit Corporation Annual Report**

This letter is written in response to the attached Notice of Intent to Dissolve. We request that the Department of State consider waiving the late filing fee for Novelmed, Inc. because we have never received any prior notice to file, our Annual Corporate Report and pay the required filing fee.

I pray that the state will allow us to continue as Novelmed, Inc. due to the fact that our failure to file reports *was not intentional*. I have included a check for \$150 to pay the annual fees for 2004 and the 2004 For Profit Corporation Annual Report.

Sincerely,



Doug Seith,  
Director