2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90285 015 ***150.00

DOCUMENT # P03000030023 1. Entity Name RIE AIHARA M.D. P.A.							04-28-200	90203	919 13	50.00	
Principal Place of Business Mailing Address											
11181 HEALT	11181 HEALTH PARK BLV	EALTH PARK BLVD.									
STE 2277 STE 2277											
NAPLES, FL 34110 NAPLES, FL 34110											
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.				04212004	Chg-P CR2E034 (10/03)				
City & State	Ð	City & State				4. FEI Numb	76 - 072730	38	<u> </u>	plied For t Applicable	
Zip	Country Zip Coun			ry		5. Certificate	of Status Desired		\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New				
					Name						
AIHARA, RIE MD 11181 HEALTH PARK BLVD. STE 2277			Ì	Street Address (P.O. Box Number is Not Acceptable)							
NAPLES, F	FL 34110	- 4	ſ								
		•	Ì	City				FL	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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE OATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE;	D	☐ Delete	TITLE						X Change	Addition	
NAME	AIHARA, RIE MD		NAME		000	E IIINO	TEDE DD				
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STREET ADDRESS				ET ADDRESS - ST-ZIP					~ •		
CITY-ST-ZIP	Constitution the Information assert to the	h this filing does not a said for the			ed in Co		(i) Florido Ctotata	o lituribor s	tilu that the !	oformation	
12. I hereby certify that the information supplied with this filling 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: RIE ATHARA Provident 4/21/04 (239) 593-6095											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											
L											