
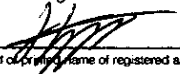
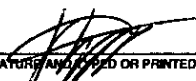


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 036 ***150.00

DOCUMENT # P03000042129 1. Entity Name JEFFREY S. RIZZO D.M.D., P.A.					
Principal Place of Business 12556 CRAGSIDE LANE WINDERMERE, FL 34786			Mailing Address 12556 CRAGSIDE LANE WINDERMERE, FL 34786		
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 13-4248160	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145			Name Jeffrey R. Rizzo Street Address (P.O. Box Number is Not Acceptable) 12556 Cragside Lane City Windermere FL Zip Code 34786		
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  Jeffrey R. Rizzo DATE 5-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	DPST RIZZO, JEFFREY S 12556 CRAGSIDE LANE WINDERMERE, FL 34786 <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:  Jeffrey R. Rizzo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-20-04 <small>Date</small>		407-491-3258 <small>Daytime Phone #</small>

Attachment

54055557

JEFFREY S RIZZO D.M.D., P.A.
12556 CRAGSIDE LANE
WINDERMERE, FL 34786
407-491-3258

P03000042129

MAY 20, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

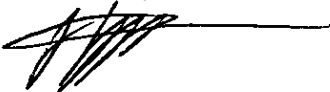
TO WHOM IT MAY CONCERN:

I WAS INFORMED BY MY ACCOUNTANT THAT I HAVE TO RENEW MY CORPORATION ON AN ANNUAL BASIS. I WAS TOLD THAT A POSTCARD WAS MAILED TO ME WITH INSTRUCTIONS ON HOW TO FILE THE ANNUAL REPORT.

I DID NOT RECEIVE THE NOTIFICATION AND I WAS SHOCKED TO LEARN THAT THERE IS A \$400.00 PENALTY FOR FILING LATE. I OPENED MY CORPORATION IN 2003 AND WAS NOT AWARE OF THE REQUIREMENT.

I ASK THAT YOU WAIVE THE PENALTY THIS YEAR, AND IN THE FUTURE NOW THAT I KNOW THE REQUIREMENT, I WILL FILE THIS REPORT TIMELY.

SINCERELY,



JEFFREY S RIZZO