

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-02-2004 90038 016 ***150.00

DOCUMENT # P03000046211					
1. Entity Name ELIZABETH BABCOCK, MD, PA					
Principal Place of Business 4438 SW 105TH DRIVE GAINESVILLE, FL 32608			Mailing Address 4438 SW 105TH DRIVE GAINESVILLE, FL 32608		
2. Principal Place of Business 100 SW 75th Street Suite, Apt. #, etc. Suite 103 City & State Gainesville, Fla Zip 32607 Country USA			3. Mailing Address 100 SW 75th Street Suite, Apt. #, etc. Suite 103 City & State Gainesville, Fla Zip 32607 Country USA		
6. Name and Address of Current Registered Agent BABCOCK, ELIZABETH 4438 SW 105TH DRIVE GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$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	P,D BABCOCK, ELIZABETH 4438 SW 105TH DRIVE GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:			4/9/04 352-332-2990 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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4. FEI Number 45-0512074 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required