


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90032 001 \*\*\*158.75

<b>DOCUMENT # P03000049985</b>	
1. Entity Name <b>WINTER PARK MEDICAL, INC.</b>	

Principal Place of Business <b>605 MINNESOTA AVE. WINTER PARK, FL 32789</b>	Mailing Address <b>605 MINNESOTA AVE. WINTER PARK, FL 32789</b>
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**94030650**



2. Principal Place of Business <b>633 Gaines Way</b>	3. Mailing Address <b>633 Gaines Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>
Zip <b>32789</b>	Zip <b>32789</b>
Country <b>Orange</b>	Country <b>Orange</b>

4. FEI Number <b>47-0918844</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>PERRY, PAMELA E 605 MINNESOTA AVE. WINTER PARK, FL 32789</b>	
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7. Name and Address of New Registered Agent Name <b>Pamela E. Perry</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>633 Gaines Way</b>	
City <b>Winter Park</b>	FL Zip Code <b>32789</b>

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. <b>Pamela Perry, President</b>	
SIGNATURE	DATE <b>2/10/2004</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <b>Pamela E. Perry, President</b>	Date <b>10 Feb 2004</b> Daytime Phone # <b>407-970-3780</b>