

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055247

FILED
Mar 27, 2004
Secretary of State

Entity Name: KARL M. DHANA M.D., P.A.

Current Principal Place of Business:

9835-16 LAKE WORTH RD., PMB 136
LAKE WORTH, FL 33467

New Principal Place of Business:

10317 MEDICIS PLACE
WELLINGTON, FL 33467

Current Mailing Address:

9835-16 LAKE WORTH RD., PMB 136
LAKE WORTH, FL 33467

New Mailing Address:

10317 MEDICIS PLACE
WELLINGTON, FL 33467

FEI Number: 56-2365901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DHANA, KARL M
9835-16 LAKE WORTH RD., PMB 136
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

DHANA, KARL M
10317 MEDICIS PLACE
WELLINGTON, FL 33467

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.

SIGNATURE: KARL M DHANA

03/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DHANA, KARL M
Address: 9835-16 LAKE WORTH RD., PMB 136
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DHANA, KARL M
Address: 10317 MEDICIS PLACE
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL M DHANA

PRES

03/27/2004

Electronic Signature of Signing Officer or Director

Date