

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064604

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: JAMES A DURLING CRNA, P.A.

**Current Principal Place of Business:**

1727 INDIAN ROCKS ROAD  
BELLAIRE, FL 33756 PI

**New Principal Place of Business:**

1727 INDIAN ROCKS ROAD  
BELLEAIR, FL 33756 PI

**Current Mailing Address:**

1727 INDIAN ROCKS ROAD  
BELLAIRE, FL 33756 PI

**New Mailing Address:**

1727 INDIAN ROCKS ROAD  
BELLEAIR, FL 33756 PI

FEI Number: 58-2674847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEFLOCH, EUGENE M ESQ.  
1311 N. WESTSHORE BLVD.  
SUITE 205  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. ( ) Change (X) Addition  
Name: DURLING, JAMES A  
Address: 1727 INDIAN ROCKS ROAD  
City-St-Zip: BELLEAIR, FL 33756 US

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: JAMES A. DURLING

MR.

01/10/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date