

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088803

FILED
Feb 26, 2004
Secretary of State

Entity Name: PALM COAST INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

238 OCEAN PALM DR
FLAGLER BCH, FL 32136

New Principal Place of Business:

19 OLD KINGS ROAD NORTH
SUITE 103C
FLAGLER BCH, FL 32136

Current Mailing Address:

238 OCEAN PALM DR
FLAGLER BCH, FL 32136

New Mailing Address:

FEI Number: 83-0368633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, PHILIP P
238 OCEAN PALM DR
FLAGLER BCH, FL 32136

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: D () Delete
Name: GOODWIN, PHILIP P
Address: 238 OCEAN PALM DR
City-St-Zip: FLAGLER BCH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GOODWIN, PHILIP P
Address: 238 OCEAN PALM DR
City-St-Zip: FLAGLER BCH, FL 32136

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: PHILIP P GOODWIN, PRESIDENT

DR

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date