


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>DOCUMENT # P03000115508</b> 1. Entity Name <b>CAROL A. STEWART, M.D., P.A.</b>					
Principal Place of Business <b>1156 OSPREY WAY APOPKA, FL 32712 US</b>				Mailing Address <b>1156 OSPREY WAY APOPKA, FL 32712 US</b>	
2. Principal Place of Business <b>CAROL A. STEWART MD, PA</b> Suite, Apt. #, etc.		3. Mailing Address <b>3939 Rosewood Way</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>300215474</b>	
Zip <b>32808</b>		Country <b>USA</b>		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>STEWART, CAROL A 1156 OSPREY WAY APOPKA, FL 32712</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>C Stewart MD</i></u> DATE <u>10/01/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, CAROL A 1156 OSPREY WAY APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL A STEWART MD 3939 Rosewood way ORLANDO, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041615145 10/05/04--01088--006 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041615145 10/05/04--01088--007 **8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: *C Stewart MD* DATE 10/01/04 (407) 445-7503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**Carol Stewart MD**  
**3939 Rosewood Way**  
**Orlando, FL 32808**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Ph: (407) 445 - 7503 Fax: (407) 445 - 7552**

**Email: Carol\_Stewart@Bellsouth .net**

September 9<sup>th</sup>, 2004

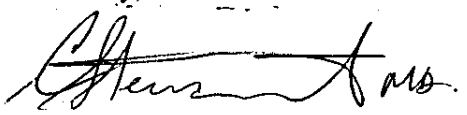
Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/ Madam,

Please accept this \$150.00 for the renewal of the corporation Carol A. Stewart, M.D. P.A. We did not receive any prior notices notifying us about renewal fees. This is the first year of operation and we did not know there was a renewal fee due in January for 2004 year. We did not incorporate until October 2003. Please change the principal address and mailing address on your records to 3939 Rosewood Way, Orlando, FL 32808. Also the current business phone number is now (407) 445-7503 and the fax is (407) 445-7552.

If you need any further information from us, please let us know. Thank you for your assistance in helping us with the renewal and not allowing this corporation to be dissolved.

Sincerely,



Carol A. Stewart  
President  
CAROL A. STEWART, M.D. P.A.  
3939 Rosewood Way  
Orlando, FL 32808

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