



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90017 005 \*\*\*150.00

<b>DOCUMENT # P03000137540</b> 1. Entity Name <b>LAURA PRESTON, M.D., P.A.</b>					
Principal Place of Business <b>3217 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>			Mailing Address <b>3217 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01082004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>03-0532096</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>PRESTON, LAURA M.D. 3217 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P PRESTON, LAURA 2369 TOUR EIFFEL DR. TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <u><i>Laura Preston, MD</i></u> <u>1/30/04</u> <u>850-942-5728</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

CK # 1314