

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143950

FILED
Sep 09, 2004
Secretary of State

Entity Name: MICHAEL W. STEPIE, M.D., P.A.

Current Principal Place of Business:

11665 TRADEWINDS BLVD.
LARGO, FL 33773

New Principal Place of Business:

10808 EMERALD CHASE DRIVE
ORLANDO, FL 32836

Current Mailing Address:

P.O. BOX 3182
SEMINOLE, FL 337753182

New Mailing Address:

10808 EMERALD CHASE DRIVE
ORLANDO, FL 32836

FEI Number: 41-2113664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, RITA L
11665 TRADEWINDS BLVD.
LARGO, FL 33773

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: STEPIE, MICHAEL W M.D.
Address: 11665 TRADEWINDS BLVD.
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: STEPIE, MICHAEL W M.D.
Address: 11665 TRADEWINDS BLVD.
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: STEPIE, MICHAEL W M.D.
Address: 10808 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Change () Addition
Name: STEPIE, MICHAEL W M.D.
Address: 10808 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

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: MICHAEL W. STEPIE, M.D.

PVST

09/09/2004

Electronic Signature of Signing Officer or Director

Date