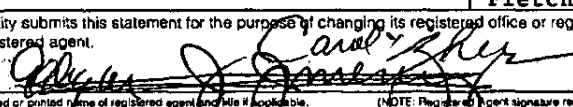
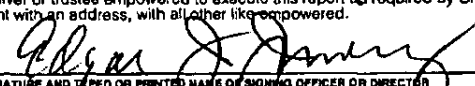


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

02-26-2004 90017 036 ***150.00

DOCUMENT # P93000009871			
1. Entity Name EDGAR J. JIMENEZ, M.D., P.A.			
Principal Place of Business 1804 NORTH MILLS AVE. ORLANDO, FL 32803 US		Mailing Address 1804 NORTH MILLS AVE. ORLANDO, FL 32803 US	
2. Principal Place of Business 1302 Orange Avenue		3. Mailing Address 1302 Orange Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789-4912	Country USA	Zip 32789-4912	Country USA
4. FEI Number 59-3153583		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, EDGAR J.M.D. 1804 NORTH MILLS AVE. ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Jimenez, M.D., Edgar J. Street Address (P.O. Box Number is Not Acceptable) 225 Nathan Court City Fletcher, North Carolina * FL Zip Code 28732	
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  DATE 4/29/04 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JIMENEZ, EDGAR J 1804 NORTH MILLS AVE. ORLANDO, FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 225 Nathan Court Fletcher, NC 28732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, EDGAR J 1804 NORTH MILLS AVE. ORLANDO, FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 225 Nathan Court Fletcher, NC 28732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 2-23-04 Daytime Phone #	