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May 03, 2004 8:00 am
Secretary of State

02-26-2004 90017 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000009871

1. Entity Name
EDGAR J. JIMENEZ, M.D., P.A.

Principal Place of Business	Mailing Address
1804 NORTH MILLS AVE. ORLANDO, FL 32803 US	1804 NORTH MILLS AVE. ORLANDO, FL 32803 US

02132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1302 Orange Avenue		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~~

Carol E. Zurcher
1302 Orange Avenue
Winter Park, FL 32789

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 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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: ~~2-23-04~~ 4/29/04

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

TITLE	PVST	☐ Delete
NAME	JIMENEZ, EDGAR J	
STREET ADDRESS	1804 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	☐ Delete
NAME	JIMENEZ, EDGAR J	
STREET ADDRESS	1804 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	225 Nathan Court	
CITY-ST-ZIP	Fletcher, NC 28732	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	225 Nathan Court	
CITY-ST-ZIP	Fletcher, NC 28732	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-23-04 Daytime Phone #