

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024091

FILED
Apr 29, 2004
Secretary of State

Entity Name: JAMES B. DOLAN, M.D., P.A.

Current Principal Place of Business:

4555 EMERSON EXPWAY
SUITE 100
JACKSONVILLE, FL 32207 US

Current Mailing Address:

4555 EMERSON EXPWAY
SUITE 100
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

4600 SW 46TH COURT
SUITE 250
OCALA, FL 34474 US

New Mailing Address:

4600 SW 46TH COURT
SUITE 250
OCALA, FL 34474 US

FEI Number: 59-3178236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, CHERYL
4555 EMERSON EXPWAY SUITE 100
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

DOLAN, CHERYL
4600 SW 46TH COURT
SUITE 250
OCALA, FL 34474 US

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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOLAN, JAMES B
Address: 4555 EMERSON EXPWAY STE 100
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST () Delete
Name: DOLAN, CHERYL S
Address: 4555 EMERSON EXPWAY STE 100
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DOLAN, JAMES B
Address: 4600 SW 46TH COURT SUITE 250
City-St-Zip: OCALA, FL 34474

Title: ST (X) Change () Addition
Name: DOLAN, CHERYL S
Address: 4600 SW 46TH COURT SUITE 250
City-St-Zip: OCALA, FL 34474

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: CHERYL S DOLAN

ST

04/29/2004

Electronic Signature of Signing Officer or Director

Date