


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90004 017 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # P93000053963 1. Entity Name E. JEFF KENNEDY, M.D., P.A. | | | |  | |
| Principal Place of Business 5741 BEE RIDGE RD SARASOTA, FL 34233 | | | Mailing Address 5741 BEE RIDGE RD SARASOTA, FL 34233 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0426423 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KENNEDY, E J MD PA 1818 HAWTHORNE ST SARASOTA, FL 34239 | | | | 7. Name and Address of New Registered Agent Name Kennedy E J MD PA Street Address (P.O. Box Number is Not Acceptable) 5741 Bee Ridge Rd # 280 City Sarasota FL Zip Code 34233 | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPST KENNEDY, E. JEFF 5741 BEE RIDGE RD STE 280 SARASOTA, FL 34233 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ 2/4/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

54004234



01262004 Chg-P CR2E034 (10/03)



Attachment

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

54004234

January 26, 2004

E. JEFF KENNEDY, M.D., P.A.
5741 BEE RIDGE RD
SARASOTA, FL 34233

SUBJECT: E. JEFF KENNEDY, M.D., P.A.
Ref. Number: P93000053963

We have received your document for E. JEFF KENNEDY, M.D., P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 104A00004496

NOTED
RECEIVED
JAN 29 2004
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA