

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041204

FILED
Apr 17, 2004
Secretary of State

Entity Name: DAVID A. MAURER, M.D., P.A.

Current Principal Place of Business:

FLA HOSP FISH MEMORIAL
PATHOLOGY LAB
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

4335 S. ATLANTIC AVE.
#B7
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3248051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURER, DAVID A MD
4335 S. ATLANTIC AVE. #B7
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

MAURER, DAVID A MD
518 RIDGEWAY BLVD.
DELAND, FL 32724 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: _____ 04/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAURER, DAVID A MD
Address: 4335 S. ATLANTIC AVE. #B7
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAURER, DAVID A MD
Address: 518 RIDGEWAY BLVD.
City-St-Zip: DELAND, FL 32724

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: DAVID A MAURER DR 04/17/2004
Electronic Signature of Signing Officer or Director Date