


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000049551</b> 1. Entity Name SHEILA M. LOVE, M.D., P.A.	
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Principal Place of Business 880 - 6TH STREET SOUTH, STE. 310 ST. PETERSBURG, FL 33701	Mailing Address 880 - 6TH STREET SOUTH, STE. 310 ST. PETERSBURG, FL 33701
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MILLER, RANDELL HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVE. TAMPA, FL 33606
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04062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3259023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000111721 04/13/04-80031-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD LOVE, SHEILA M 880 - 6TH STREET SOUTH, STE. 310 ST. PETERSBURG, FL
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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)(f), 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:** Sheila M. Love **Sheila M. Love** 4-9-04 (727) 892-4133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #