

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050140

FILED
Mar 02, 2004
Secretary of State

Entity Name: STEVEN S. DONCHEY M.D., P.A.

Current Principal Place of Business:

996 AIRPORT ROAD
BOX C-101
DESTIN, FL 32541

New Principal Place of Business:

1950 BLUEWATER BLVD
STE 201
NICEVILLE, FL 32578

Current Mailing Address:

996 AIRPORT ROAD
BOX C-101
DESTIN, FL 32541

New Mailing Address:

1950 BLUEWATER BLVD
STE 201
NICEVILLE, FL 32578

FEI Number: 59-3249178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONCHEY, STEVEN S
996 AIRPORT ROAD
BOX C-101
DESTIN, FL 32541

Name and Address of New Registered Agent:

DONCHEY, STEVEN S
1950 BLUEWATER BLVD
STE 201
NICEVILLE, FL 32578

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:

03/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONCHEY, STEVEN S M.D.
Address: 996 AIRPORT RD C-101
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DONCHEY, STEVEN S M.D.
Address: 1950 BLUEWATER BLVD, STE 201
City-St-Zip: NICEVILLE, FL 32578

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: STEVEN S DONCHEY

P

03/02/2004

Electronic Signature of Signing Officer or Director

Date