

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082395

FILED
Jan 13, 2004
Secretary of State

Entity Name: TERENCE PEPPARD, M.D., P.A.

Current Principal Place of Business:

TERENCE PEPPARD MDPA
3663 SOUTH MIAMI AVE.
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

TERENCE PEPPARD MDPA
4350 N. JEFFERSON AVE.
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0531485 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FEINERMAN, ELLEEN
4350 NORTH JEFFERSON AVE.
PENTHOUSE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: TERENCE PEPPARD MD,
Address: 3663 SOUTH MIAMI AVE.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERENCE PEPPARD, M.D.

PS

01/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date