
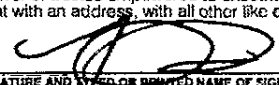


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

| | | |
|---|--|--|
| DOCUMENT # P95000001569 1. Entity Name CORBYONS & DONOHUE SURGICAL ASSOCIATES, M.D., P.A. | |  |
| Principal Place of Business 685 PEACHWOOD AVE DELAND, FL 32720 US | | Mailing Address 685 PEACHWOOD AVE. DELAND, FL 32720 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent DONOHUE, MICHAEL J 685 PEACHWOOD AVE. DELAND, FL 32720 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORBYONS, THOMAS M 325 LAKE WINNEMISSETT DRIVE DELAND, FL 32724 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONOHUE, MICHAEL J 669 TORCHWOOD DRIVE DELAND, FL 32724 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  Michael J. Donohue, M.D. 4/30/04 (386)738-5300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3284109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000136046
04/28/04-80080-009 150.00

**DO NOT WRITE
IN THIS SPACE**