2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022449

Entity Name: CESAR E. HIDALGO, M.D., P.A.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1209 N. CENTER ST.
PERRY, FL 32347 US 1602 N. CENTER ST.
PERRY, FL 32347 US PERRY, FL 32347 US

Current Mailing Address: New Mailing Address:

1602 N. CENTER STREET PERRY, FL 32347

FEI Number: 59-3294335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HIDALGO, CESAR E
1209 N. CENTER STREET
PERRY, FL 32427 US
HIDALGO, CESAR E
1602 N. CENTER STREET
PERRY, FL 32427 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: 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: HIDALGO, CESAR E DR. MD HIDALGO, CESAR E DR. MD Name: Name: 1602 N. CENTER STREET Address: 1602 N. CENTER STREET Address: City-St-Zip: PERRY, FL 32347 US City-St-Zip: PERRY, FL 32347 US

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: CESAR HIDALGO M.D. 04/27/2004