



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90208 003 ***150.00

DOCUMENT # P95000022791 1. Entity Name CAROL N. MORRISON, D.P.M., P.A.																													
Principal Place of Business 2750 BAHIA VISTA SE SARASOTA, FL 34237			Mailing Address 2750 BAHIA VISTA SE SARASOTA, FL 34237																										
2. Principal Place of Business 2831 Ringling Blvd Suite, Apt. #, etc. 103A City & State SARASOTA, FL Zip 34237		3. Mailing Address 2831 Ringling Blvd Suite, Apt. #, etc. 103A City & State SARASOTA, FL Zip 34237		24071399 																									
4. FEI Number 65-0563072				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MORRISON, CAROL N 2750 BAHIA VISTA ST SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D MORRISON, CAROL N</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORRISON, CAROL N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2750 BAHIA VISTA ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34239</td> <td></td> </tr> </table>			TITLE	D MORRISON, CAROL N	<input type="checkbox"/> Delete	NAME	MORRISON, CAROL N		STREET ADDRESS	2750 BAHIA VISTA ST		CITY-ST-ZIP	SARASOTA, FL 34239		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D MORRISON, CAROL N.</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MORRISON, CAROL N.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2831 Ringling Blvd, Ste 103A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34237</td> <td></td> </tr> </table>			TITLE	D MORRISON, CAROL N.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MORRISON, CAROL N.		STREET ADDRESS	2831 Ringling Blvd, Ste 103A		CITY-ST-ZIP	SARASOTA, FL 34237	
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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)(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: <u><i>Carol N Morrison</i></u> ✓ 4-29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													