2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004
Secretary of State

DOCUMENT# P95000041501

Entity Name: ROBERT C. NUCCI, M.D., P.A.

Current Principal Place of Business:

34848 US 19 N
PALM HARBOR, FL 34684 US

New Principal Place of Business:

6322 GUNN HWY
TAMPA, FL 33625 US

Current Mailing Address:

34848 US 19 N
PALM HARBOR, FL 34684 US

New Mailing Address:

6322 GUNN HWY
TAMPA, FL 33625 US

FEI Number: 59-3323473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUCCI, ROBERT C M.D.
34848 US 19 N
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

NUCCI, ROBERT C M.D.
6322 GUNN HWY
TAMPA, FL 33625 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: 05/10/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBERT C NUCCI MD,
Address: 34848 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ROBERT C NUCCI MD,
Address: 6322 GUNN HWY
City-St-Zip: TAMPA, FL 33625

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: ROBERT C. NUCCI, M.D. DR. 05/10/2004
Electronic Signature of Signing Officer or Director Date