

FILED**May 17, 2004 8:00 am**
Secretary of State

05-17-2004 90015 018 ***150.00

2004-ANNUAL REPORT (AR)DOCUMENT # **P95000045319**

1. Entity Name

D&E MEDICORP

Principal Place of Business

Mailing Address

15 RIVER DR**TEQUESTA, FL 33469**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

Country

P. BEACH

6. Name and Address of Current Registered Agent

DEE GRANZOW**15 RIVER DR****TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, the above named entity, submit 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00**After May 1, 2004 Fee will be \$550.00****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

I, the above named entity, 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: **Dee Janet Granzow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/04**361-575-3792**