


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000088564</b>	
1. Entity Name JOSEPH M. DEFELICE, M.D., P.A.	

Principal Place of Business 303 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756 US	Mailing Address 303 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756 US
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**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3346572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEFELICE, MARIA  
303 PINELLAS STREET  
SUITE 320  
CLEARWATER, FL 33756

**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 Maria Defelice 7/12/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEFELICE, JOSEPH M M.D. 303 PINELLAS STREET SUITE 320 CLEARWATER, FL 33756
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07/15/04-80007-016 150.00

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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: Joseph M Defelice 7/12/04 (802)446-3362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #