

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90641 026 \*\*\*150.00

**14001975**



04062004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3366701

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32802

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME COWIN, JOHN A M.D.  
STREET ADDRESS 600 NORTH BOULEVARD WEST  
CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE D ☐ Delete  
NAME SUSTARSIC, DAVID M.D.  
STREET ADDRESS 601 E. DIXIE AVE., PLAZA 801  
CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE D ☐ Delete  
NAME HAWK, STEVEN E M.D.  
STREET ADDRESS 701 N. PALMETTO STREET  
CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE D ☐ Delete  
NAME PUGLIA, JACQUELYN E M.D.  
STREET ADDRESS 110 E. NORTH BLVD.  
CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE D ☐ Delete  
NAME WHEELER, RUSS  
STREET ADDRESS 913 NORTH BLVD., EAST, STE B  
CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE D ☐ Delete  
NAME ISMAIL, AKRAM MD  
STREET ADDRESS 8110 CR 44 LEG A  
CITY-ST-ZIP LEESBURG, FL 34788

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID L SUSTARSIC

4/7/04 382-728-6804