


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000013223	
1. Entity Name MICHAEL R. & ELOISA G. DIMAYUGA, M.D., P.A.	

Principal Place of Business 800 STERTHAUS AVE STE B ORMOND BEACH, FL 32174 US	Mailing Address 800 STERTHAUS AVE STE B ORMOND BEACH, FL 32174 US
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DO NOT WRITE IN THIS SPACE	
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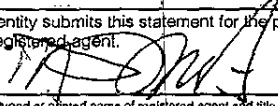


01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3360793	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 DIMAYUGA, MICHAEL G 800 STERTHAUS AVE STE B ORMOND BEACH, FL 32174	
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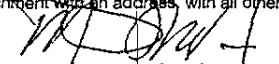
DO NOT WRITE IN THIS SPACE

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: 	DATE: 3/2/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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	U000000082564 03/09/04-80037-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMAYUGA, MICHAEL R 800 STERTHAUS AVE STE B ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMAYUGA, ELOISA G 800 STERTHAUS AVE STE B ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	MICHAEL DIMAYUGA	3/2/04	386-672-3219
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Day/Time Phone #</small>