2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# P96000077869

Entity Name: DAVID A. PETERSEN, M.D., P.A.

Current Principal Place of Business:

3251 MCMULLEN BOOTH RD
SUITE 102
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2369 HILLCREEK CIRCLE EAST
CLEARWATER, FL 33759 US

New Mailing Address:

3251 MCMULLEN BOOTH RD
CLEARWATER, FL 33761 US

FEI Number: 59-3402417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSEN, DAVID A M.D.
2369 HILLCREEK CIRCLE EAST
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

PETERSEN, DAVID A M.D.
3251 MCMULLEN BOOTH RD
#102
CLEARWATER, FL 33761 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: _____ 05/03/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PETERSEN, DAVID A M.D.
Address: 2369 HILLCREEK CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PETERSEN, DAVID A M.D.
Address: 3251 MCMULLEN BOOTH RD
City-St-Zip: CLEARWATER, FL 33761

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: DAVID A. PETERSEN, M.D. PRES 05/03/2004
Electronic Signature of Signing Officer or Director — Date