

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101141

Entity Name: WALT KARNISKI, M.D., P.A.

FILED
Jan 19, 2004
Secretary of State

Current Principal Place of Business:

FLORIDA CHILDREN'S CENTER
12606 HENDERSON ROAD
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

4331 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33624

New Mailing Address:

4331 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33618

FEI Number: 59-3415178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARNISKI, WALT MD
4331 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

KARNISKI, WALT MD
4331 CARROLLWOOD VILLAGE DRIVE
TAMPA, FL 33618 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: WALT KARNISKI

01/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KARNISKI, WALT MD
Address: 4331 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KARNISKI, WALT MD
Address: 4331 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33618

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: WALT KARNISKI

D

01/19/2004

Electronic Signature of Signing Officer or Director

Date