## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 02, 2004 08:00 AM Secretary of State DOCUMENT # P97000054678 1. Entity Name DANIEL KRAMER, D.O., P.A. Principal Place of Business Mailing Address 6114 WILD ORCHID DRIVE 6114 WILD ORCHID DRIVE LITHIA, FL 33547 LITHIA, FL 33547 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3453361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASSMAN, ALAN S DO NOT WRITE 1245 CT. ST., STE. 102 CLEARWATER, FL 34616 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 Signature, typed or printed name of registered agent and little It applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ð HILE KRAMER, DANIEL NAME STREET ADDRESS 6114 WILD ORCHID DRIVE U00000101376 84/02/04-80018-017 150.00 CiTY-ST-ZiP LITHIA, FL 33547 TATLE MAME STREET ADDRESS CITY-ST-ZWP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRTY+ST-28P HILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 certify 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:

CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MAR30, 2004 (813)571