

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90120 002 \*\*\*550.00

44047334



06282004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000077881</b> 1. Entity Name <b>PHYSICIANS CONFERENCE ASSOCIATION, INC.</b>					
Principal Place of Business <b>309 E. OSCEOLA ST., STE. 104 STUART, FL 34994</b>			Mailing Address <b>309 E. OSCEOLA ST., STE. 104 STUART, FL 34994</b>		
2. Principal Place of Business <b>509 SE Riverside Drive</b> Suite, Apt. #, etc. <b>302</b>		3. Mailing Address <b>PO Box 896</b> Suite, Apt. #, etc.			
City & State <b>Stuart, Florida</b>		City & State <b>Stuart, Florida</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>34994</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRENKEL, RONALD E P</b> <b>309 E. OSCEOLA ST., STE. 104</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>509 SE Riverside Drive, Suite 302</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRENKEL, RONALD E <input type="checkbox"/> Delete <b>309 E. OSCEOLA ST., STE. 104</b> <b>STUART, FL 34994</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>509 SE Riverside Drive, Suite 302</b> <b>Stuart, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREKEL, RONALD <input type="checkbox"/> Delete <b>309 E. OSCEOLA ST., STE. 104</b> <b>STUART, FL 34994</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>509 SE Riverside Drive, Suite 302</b> <b>Stuart, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRENKEL, RONALD E P <input type="checkbox"/> Delete <b>309 E. OSCEOLA ST., STE. 104</b> <b>STUART, FL 34994</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>509 SE Riverside Drive, Suite 302</b> <b>Stuart, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>06/30/04</b> Daytime Phone # <b>772-287-9000</b>		