DOCUMENT #

P97000091756

1. Entity Name

KATHRYN F. DIAZ, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8816 Parliament CT	3. Mailing Address 717 E Oak Street					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State Kissimmee, FL	City & State Kissimmee, FL					

FILED

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SECRILLAY OF STATE TALLAHARSEE FLORIDA

2. Principal Place of Business 8816 Parliament CT			3. Mailing Address 717 E Oak Street						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE		
City & State Kissimmee, FL			City & State Kissimmee, FL			4.	4. FEI Number Applied For 59-3478364 Not Applicable		
Zip 34747	-1606	Country USA	Zip 34744		Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	Control Alexandra		e di Maria Palakan di Maria		No.	7. N	Name and Address of Current Registered Age	nt	
DO NOT WRITE			BITE		Name Harry J. Swart				
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to June 15		N THIS SP	ACE		717 11 0	<u> </u>	Bereet		
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The above the obligati	named entity ions of registe	submits this statement for ered agent.	the purpose of changing its	registere	ed office or registe	ered a	gent, or both, in the State of Florida. I am familia	r with, and accept	
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SIGNATURE _	Signature typed a	or printed name of registered agent an	ad title if applicable (A)OTE	Desisten					
Jan	uary 1 - Ma	y 1 Fee is \$150.00	ite the vappleable. (NOTE	. negisteret	Agent signature require	ea when	reinstating) DATE		
	After May 1	, Fee is \$550.00 UBR is \$61.25					9. Election Campaign Financing	\$5.00 May Be	
Make Check	Payable to	Florida Department of	State				Trust Fund Contribution.	Added to Fees	
10.	DOWN	OFFICERS AND D	DIRECTORS			in the state			
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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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR



SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS . BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA ANDY J. BAUMRUK, CPA

September 24, 2003

Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

RE:

Annual Report

Kathryn F. Diaz, P.A.

To Whom It May Concern:

Our client, Kathryn A. Diaz, P.A., was incorporated on October 23, 1997. In the past they have always filed timely, however, they never received either of their Uniform Business Reports that were issued in 2003 and were sent to them via the U.S. Postal Service. To complicate matters more, due to the fact that this is a single person operation and they were taking care of their terminally ill brother, our client was removed from their business for extended periods of time and they simply were not in the mindset to remember this filing requirement.

As stated previously, they have always filed their report in a timely manner. We simply ask that they not be penalized for something that was out of their control – their report being lost in the mail.

Attached is a completed Annual Report for the year 2003 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures