
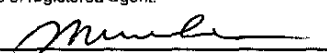
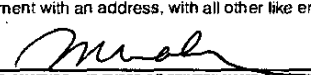


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90004 001 \*\*\*150.00

<b>DOCUMENT # P97000103391</b>			
1. Entity Name: <b>MARILYN A. WAHE, M.D., P.A.</b>			
Principal Place of Business <b>201 EIGHTH ST., SOUTH 201 NAPLES, FL 34102</b>		Mailing Address <b>201, EIGHTH ST., SOUTH NAPLES, FL 34102</b>	
2. Principal Place of Business <b>700 Second Ave N</b>		3. Mailing Address <b>700 Second Ave N</b>	
Suite, Apt. #, etc. <b>203</b>		Suite, Apt. #, etc. <b>203</b>	
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>	
Zip <b>34102</b>	Country <b>Collier</b>	Zip <b>34102</b>	Country <b>Collier</b>
4. FEI Number <b>59-3479219</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WAHE, MARILYN A 201 EIGHTH ST., SOUTH, STE. 201 NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): <b>700 Second Ave N</b> <b>Ste 203</b> City: <b>Naples</b> FL Zip Code: <b>34102</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:  DATE: <b>1/22/04</b> <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 \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST WAHE, MARILYN A 201 EIGHTH ST., SOUTH, STE. 201 NAPLES, FL 34102</b> <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
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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.			
SIGNATURE: 		DATE: <b>1/22/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

44004737



01072004 Chg-P CR2E034 (10/03)