2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 18, 2004 08:00 AM Secretary of State DOCUMENT # P98000005788 1. Entity Name JAY LANCE FALK, M.D., P.A. Principal Place of Business Mailing Address 111 OAKLEIGH LN 1512 S ORANGE AVE MAITLAND, FL 32751 ORLANDO, FL 32806 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3493286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FALK, JAY MD DO NOT WRITE 1512 S ORANGE AVE ORLANDO, FL 32806 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. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000055877 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n FALK, JAY L M.D. NAME STREET ADDRESS 111 OAKLEIGH LANE CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver our supplemental changed, or on an attachment with ac ad does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director executes this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if bental re

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED