


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037917	
1. Entity Name BRENT J. WHITLEY, M.D., P.A.	

Principal Place of Business 824 SW 12TH AVE. FT. LAUDERDALE, FL 33312	Mailing Address 824 SW 12TH AVE. FT. LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



03142003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0906166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WHITLEY, BRENT J 824 SW 12TH AVE. FT. LAUDERDALE, FL 33312	
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**DO NOT WRITE
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS WHITLEY, BRENT J 824 SW 12TH AVE. FT. LAUDERDALE, FL 33312
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05/28/04-80003-020 150.00

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: Brent J. Whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____