


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000047846**  
 1. Entity Name  
**VICENTE C. FLORIDA, M.D., P.A.**



Principal Place of Business      Mailing Address  
**1309 GARDEN ST**      **P.O. BOX 339**  
**TITUSVILLE, FL 32796**      **TITUSVILLE, FL 32781-0339**

**DO NOT WRITE IN THIS SPACE**



06012004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3511913</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOWNEY, KEVIN I**  
**2631 NW 41ST ST, STE B-2**  
**GAINESVILLE, FL 32606**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FLORIDA, VICENTE C M.D.</b>
STREET ADDRESS	<b>1309 GARDEN ST</b>
CITY - ST - ZIP	<b>TITUSVILLE, FL 32796</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 06/07/04-80001-001 155.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Vicente C Florida MD      Date: 5/31/04      Daytime Phone #: 721 267 4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #