

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90685 002 \*\*\*150.00

<b>DOCUMENT # P98000049489</b>					
<b>1. Entity Name</b> KAREN F. JUAREZ, D.O., P.A.					
<b>Principal Place of Business</b> 4920 W. CYPRESS ST. STE 102 TAMPA, FL 33607			<b>Mailing Address</b> 11246 WINDSOR PLACE CIR. TAMPA, FL 33626		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 4920 W. Cypress St. Suite, Apt. #, etc. 102			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b>		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 59-3515621	
<b>Zip</b>		<b>Zip</b> 33607		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Country</b>		<b>Country</b> Hillsborough		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JUAREZ, KAREN F 41246 WINDSOR PLACE CIR. TAMPA, FL 33626				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City <b>FL</b> Zip Code	
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> JUAREZ, KAREN F	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5205 BAY CLUB CIRCLE	<b>CITY-ST-ZIP</b> TAMPA, FL 33607		<b>STREET ADDRESS</b> 4920 W. Cypress St., Ste. 102	<b>CITY-ST-ZIP</b> Tampa, FL 33607	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>Karen F. Juarez</i> <b>4/28/04</b> <b>798-7433</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					