


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90031 030 ***150.00

DOCUMENT # P98000052132			
1. Entity Name FRANCISCA M. WARD, M.D., P.A.			
Principal Place of Business 1293 GEORGIA AVENUE BAKER, FL 32531		Mailing Address 1293 GEORGIA AVENUE BAKER, FL 32531	
2. Principal Place of Business <i>1321 Georgia Ave</i>		3. Mailing Address <i>1321 Georgia Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>BAKER, FL</i>		City & State <i>BAKER, FL</i>	
Zip <i>32531-2605</i>		Zip <i>32531-2605</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3518115		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 WARD, FRANCISCA M 1293 GEORGIA AVENUE BAKER, FL 32531		7. Name and Address of New Registered Agent Name <i>FRANCISCA M. WARD</i> Street Address (P.O. Box Number is Not Acceptable) <i>1321 Georgia Avenue</i> City <i>BAKER, FL</i> Zip Code <i>32531-2605</i>	
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: <i>Francisca M. Ward</i> DATE: <i>01/30/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D WARD, FRANCISCA M 1293 GEORGIA AVENUE BAKER, FL 32531 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCA M. WARD 1321 GEORGIA AVENUE BAKER, FL 32531-2605 <input checked="" 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: <i>Francisca M. Ward M.D</i>		DATE: <i>01/30/04</i> (50) 537-2700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	