2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P98000080352 1. Entity Name MILDRED T. TREVETT, M.D., P.A. Principal Place of Business Mailing Address 720 W. OAK ST., STE. 314 4056 NEWBERRY RD. KISSIMMEE, FL 34741 GAINESVILLE, FL 32607 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3532987 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent TREVETT, MILDRED T DO NOT WRITE **720 W OAK ST SUITE 314** IN THIS SPACE KISSIMMEE, FL 34741 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 agon1 and title # applicable. (NOTE: Registered Agent signature required when reinstating) CATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000131477 BILE 04/27/04-80007-007 150.00 NAME TREVETT, MILDRED T 720 W OAK ST STE 314 STREET ADDRESS Citx-21-505 KISSIMMEE, FL 34741 TITLE STREET ADDRESS CRTY-ST-ZIP TIPLE NAME STREET ADDRESS DO NOT WRITE CHY-\$1-219 IN THIS SPACE RRE NAME STREET ADDRESS

12. I hereby certify that the Information supplied with this filling 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 suppliemental 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:

CITY-ST-ZIP 3131.5

STREET ADDRESS City-51-2iP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNING OFFICER OR DIRECTOR

FILED