

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089003

FILED
Apr 19, 2004
Secretary of State

Entity Name: STAN ZEMANKIEWICZ, M.D., PH.D., P.A.

Current Principal Place of Business:

2250 OSPREY BOULEVARD, SUITE 104
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

2250 OSPREY BOULEVARD, SUITE 104
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3538218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZEMANKIEWICZ, STAN
2250 OSPREY BOULEVARD, SUITE 104
BARTOW, FL 33830

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ZEMANKIEWICZ, STAN
Address: 2250 OSPREY BOULEVARD, SUITE 104
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN ZEMANKIEWICZ

MD

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date