


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093303

1. Entity Name
SUSANA T. DONAIRE, M.D.P.A.



Principal Place of Business Mailing Address
730 SE 5TH TERR. **730 SE 5TH TERR.**
CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-3546647** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DONAIRE, SUSANA T
730 SE 5TH TERR.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAIRE, SUSANA T	NAME	
STREET ADDRESS	730 SE 5TH TERR.	STREET ADDRESS	000000017517
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	01/28/04-80098-013 150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Susana T. Donaire M.D.* **SUSANA T. DONAIRE, M.D.** 352-564-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/22/04 Daytime Phone #