## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

Mailing Address   South State   South Stat	DOCUMENT # P99000045337  1. Entity Name KAREN BIGBY, P.A.					04-30-2004 90347 009 ***150.00			
2. Principal Place of Business	Principal Place	e of Business	Mailing Address			1			
Suite, Apt. #, etc.   Suite	6101 9TH ST N		6101 9TH ST N						
Suite, Apil. #, etc.   Suite, Apil. #, etc.   Q422204   Chg.P   CR2E384 (10/03)	2 Principal P	Jaco of Rusinose	3 Mailing Address						
City & State	2. Principal Place of Business		3. Walling Address				<b>     </b>	LTM QY IL YAND	
Special Country   Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222004	Chg-P	CR2E034 (10/03)	
S. Certificate of Status Desired  Figs Required  Fi	City & State		City & State			1		<b>├─</b>	<u>:</u>
ARRIS, KEVIN S ESQ. 3000 GULF TO BAY BLVD. CLEARWATER, FL 33759  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and edopt the obligations of registered agent and the fluripations.  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 20	Zip	Country	Zip	Country		5. Certificate of	f Status Desired		
SOURCE CLEARWATER, FL 33759  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and adopt the obligations of registered agent, or both, in the State of Fordia. I am familiar with, and adopt the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE STREET ADDIESS OFFI-SP OFFICERS AND DIRECTORS IN 11  THE MAKE STREET ADDIESS OFFI-SP OF		6. Name and Address of Curren	Registered Agent	<u> </u>		7. Name and A	Address of New Re		<u> </u>
Street Address (P.C. Box Number is Not Acceptable)  CLEARWATER, FL 33759  City Tang FL 320634  E. 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 and title I lapticube.  SIGNATURE  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grisse name of large tens agent and title I lapticube.  Signava, upped or grissen name of large tens agent and title I lapticube.  Signava, upped or grissen name of large tens agent and title I lapticube.  Signava, upped or grissen name of lapticube.  Signava, upped or grissen name	0.0000	/E) III 0 500			Name	Sal	work	2	
City Tam/Q FL 736634  6. 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 addept the obligations of registered agent.  SIGNATURE  SIGNATURE  SUBJURITY STATE  SUBJURITY SU	3000 GULF TO BAY BLVD:				Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida   1 am familiar with, and accept the obligations of registered agent of registered agent of registered agent, or both, in the State of Florida   1 am familiar with, and accept with a special with a special with registered agent of registered agent with registered agent agent agent agent with registered agent separates with registered agent agen		·			City			<b>E</b>	e .
The obligations of registered agent.  SIGNATURE  Signature. Topoto or printed manner of registered agent and late il applicable.  (NOTE: Regulated Agent separature registered symmetric registered by a Addition of the symmetric registered re									24
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT.  TITLE BIGGY, KAREN M MD 2833 59TH CIRCLE SOUTH STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TI			or the purpose of changing its	registere	ad diffice or registe	red agent, or both	i, in the State of Flu	nga. Famiamilia wan,	and accept
TILE NOW::I FEE IS \$150.00 After May 1, 2004 Fee will be \$550,00 Prouse Fund Contribution. S. 55.00 May Be Trust Fund Contribution. S. 55.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS IN 11  ITIE D BIGBY, KAREN M MD 2833 5971H CIRCLE SOUTH ST. PETERSBURG, FL 33712  ITIE NAME STREET ADDRESS CITY-ST-ZIP  ITIE STREET AD	SIGNATURE CLIMA W Schwarde 4-28-04								
After May 1, 2004 Poe will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  DIGBY, KAREN M MD 2833 59TH CIRCLE SOUTH ST.PETERSBURG, FL 33712  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS		Signature, typed or printed name of registered ager	nt and little if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE	
TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-S	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550		•					
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.			_		ADDITIONS/0	HANGES TO OFF		
CITY-ST-ZIP   ST.PETERSBURG, FL 33712			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	ST.PETERSBURG, FL 33712		CITY	-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		<u> </u>	CITY	- ST- ZIP			<u>.                                    </u>	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
CITY-ST-ZIP  TITLE NAME NAME NAME CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	i								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	l			CITY	-ST-ZIP				
STREET ADDRESS CHY-SI-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP	TITLE		☐ Delete	TITLE				☐ Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	1			1	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1	(							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	TITLE	,	☐ Delete	TITLE	=			☐ Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					l l				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	l								
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		☐ Delete	_				☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	1							-	
	l								
	<u> </u>	certify that the information supplied wi	th this filing does not qualify to			ection 119.07/3/6	I. Florida Statutes	further certify that the i	nformation

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.

Bigby

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF GONING OFFICER OR DIRECTOR