


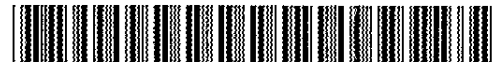
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000045977 |  |
| 1. Entity Name KENNETH LEE, M.D., P.A. | |

| | |
|---|---|
| Principal Place of Business 1501 CORPORATE DRIVE SUITE 240 BOYNTON BEACH, FL 33426 | Mailing Address 1501 CORPORATE DRIVE SUITE 240 BOYNTON BEACH, FL 33426 |
|---|---|

DO NOT WRITE IN THIS SPACE




03162004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0799389 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent LEE, KENNETH 1501 CORPORATE DRIVE SUITE 240 BOYNTON BEACH, FL 33426 |
|---|

DO NOT WRITE
IN THIS SPACE

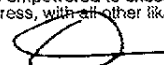
| | |
|---|---|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE <u>29/05/04</u> <small>(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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LEE, KENNETH 1501 CORPORATE DR #240 BOYNTON BEACH, FL 33426 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE
IN THIS SPACE

| | |
|--|--|
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE <u>29/05/04</u> <small>Daytime Phone #</small> |