


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90017 023 ***158.75

DOCUMENT # P99000051489 1. Entity Name DIANA FISCHER M.D., P.A.					
Principal Place of Business 7556 LAKE WORTH RD SUITE 101 LAKE WORTH FL 33467			Mailing Address 7556 LAKE WORTH RD SUITE 101 LAKE WORTH FL 33467		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0926612	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FISHER, DIANA M.D. 7556 LAKE WORTH RD SUITE 101 LAKE WORTH FL 33467				7. Name and Address of New Registered Agent Name <u>Fischer Diana M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7556 LAKE WORTH RD SUITE # 101</u> City <u>LAKE WORTH</u> FL <u>33467</u>	
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 <u>3/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 20%; text-align: right;"> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, DIANA R MD 7556 LAKE WORTH RD., #101 LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u>Diana Fischer MD PA</u> <u>3/12/04</u> <u>561-649-1414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					