


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 031 ***150.00

DOCUMENT # P99000055036	
1. Entity Name ARTHUR W. BROWNING, JR., M.D., P.A.	

Principal Place of Business 9770 RAMELONS ROAD #119 JACKSONVILLE FL 32256	Mailing Address 7622 HUNTERS GROVE ROAD JACKSONVILLE FL 32256
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MOORE CR2E034 (11/03)

2. Principal Place of Business 10898 Baymeadows Rd Suite, Apt. #, etc. Suite 100 City & State JACKSONVILLE, FL Zip 32256 Country DUAL	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3580797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWNING, ARTHUR W JR 7622 HUNTERS GROVE ROAD JACKSONVILLE FL 32256	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Arthur W Browning Jr MD Arthur W Browning Jr. MD 1-27-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, ARTHUR W JR 7622 HUNTERS GROVE ROAD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arthur W Browning Jr MD 1-27-04 904 703 7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #