## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## **ANNUAL REPORT** FILED **DOCUMENT # P99000060566** SECRETARY OF STAFE DIVISION OF CORPORATIONS 1. Entity Name DR. ANTONIO YUWAY, P.A. 04 JUL 19 AM 7: 13 Principal Place of Business Mailing Address 6201 NINTH STREET SOUTH **6201 NINTH STREET SOUTH** SAINT PETERSBURG, FL 33705 SAINT PETERSBURG, FL 33705 No Chg-P CR2E034 (10/03) 07142004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3587031 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KRODEL, WILLIAM H DO NOT WRITE 4437 CENTRAL AVE SAINT PETERSBURG, FL 33713 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. PSTD YUWAY, ANTONIO DR. NAME STREET ADDRESS 6201 NINTH STREET SOUTH 100039571971 07/27/04--01063--005 \*\*150.00 SAINT PETERSBURG, FL 33705 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/2

Daytime Phone #