

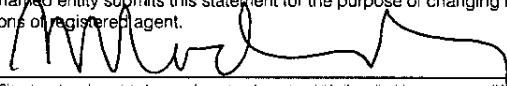
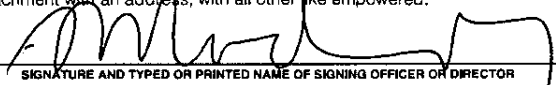


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90031 044 ***150.00

DOCUMENT # P99000080173					
1. Entity Name ARELIS M. MADERA, M.D., P.A.					
Principal Place of Business 2400 HARBOR BLVD STE #6 PORT CHARLOTTE, FL 33952			Mailing Address 2400 HARBOR BLVD STE #6 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business 3611 TAMIAHI TRAIL Suite, Apt. #, etc. Suite B City & State PORT CHARLOTTE, FL Zip 33952 Country USA		3. Mailing Address 3611 TAMIAHI TRAIL Suite, Apt. #, etc. Suite B City & State PORT CHARLOTTE, FL Zip 33952 Country USA			
4. FEI Number 65-0944689				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MADERA, ARELIS M.D. 1833 NUREMBERG BOULEVARD PUNTA GORDA, FL 33983			7. Name and Address of New Registered Agent Name ARELIS MADERA MD Street Address (P.O. Box Number is Not Acceptable) 3611 TAMIAHI TRAIL Suite B City PORT CHARLOTTE FL Zip Code 33952		
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: 1/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADERA, ARELIS M.M.D. 1833 NUREMBERG BOULEVARD PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARELIS M. MADERA, MD 3611 TAMIAHI TRAIL, Suite B PORT CHARLOTTE, FL 33952	
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	
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	
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	
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	
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: 			1/20/04 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		