


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-18-2004 90037 031 ***150.00

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| DOCUMENT # P99000088394 |  |
| 1. Entity Name VIERA MEDICAL CLINIC, P.A. | |

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| Principal Place of Business 4730 N. HABANA AVE STE 302 TAMPA FL 33614 | Mailing Address P.O. BOX 18946 TAMPA FL 33679-8946 |
|---|--|

J40J1000



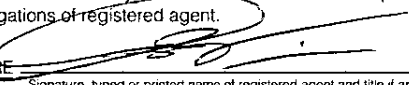
MOORE CR2E034 (11/03)

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|---|-----------------------|---------------------|---------|
| 2. Principal Place of Business 4726 N. Habana | | 3. Mailing Address | |
| Suite, Apt. #, etc. STE 202 | | Suite, Apt. #, etc. | |
| City & State TAMPA FLORIDA | | City & State | |
| Zip 33614 | Country USA | Zip | Country |

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| 4. FEI Number 59-3605579 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent VIERA, ANGEL 4011 W. CLEVELAND ST. TAMPA FL 33609 | |
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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  | DATE 3/12/04 |

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| 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 VIERA, MAGDALENA 4730 HABANA AVE STE 302 TAMPA FL 33609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT VIERA, MAGDALENA 4726 N. HABANA STE 202 TAMPA, FLORIDA 33614 <input checked="" 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 |
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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 |

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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. | |
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| SIGNATURE:  | Secretary 3/12/04 | 813-870-6422 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |