2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Aug 18, 2004 8:00 am Secretary of State DOCUMENT # P99000096409 1. Entity Name 08-18-2004 90007 018 ***150.00 ST. PATRICK MEDICAL P.A. Principal Place of Business! Mailing Address 1740 HULETT DRIVE BRANDON FL 33511 P.O. BOX 1250 BRANDON FL 33509-1250 2. Principal Place of Business 7110 N NEBRASKO Suite, Apt. #, etc. MOORE CR2E034 (4/04) SKITE City & State 4. FEI Number City & State Applied For 59-3611785 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired HIUSBORSUE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -- IJEWERE, PATRICK-Street Address (P.O. Box Number is Not Acceptable) 1740 HULETT DRIVE **BRANDON FL 33511** City Zip Code 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) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change IJEWERE, PATRICK NAME NAME STREET ADDRESS 1740 HULETT DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition IJEWERE, SHERESE NAME NAME STREET ADDRESS 1740 HULETT DRIVE STREET ADDRESS City-St-7IP BRANDON FL 33511 CITY-ST-ZIP TIT) F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

(813) 231 -09.82