

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102755

FILED
Apr 20, 2004
Secretary of State

Entity Name: R. MARVIN FREEDY, M.D., P.A.

Current Principal Place of Business:

5539 MARINE PKWY
PO BOX 1175
NEW PORT RICHEY, FL 34656 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1175
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 59-3609549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEDY, R. MARVIN MD
2981 CASTLE WOODS LANE
CLEARWATER, FL 33759

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREEDY, R. MARVIN MD
Address: 2981 CASTLE WOODS LANE
City-St-Zip: CLEARWATER, FL 33759

Title: S () Delete
Name: EPTING, PATRICK
Address: 6806 CECELIA DR
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MARVIN FREEDY, MC

D

04/20/2004

Electronic Signature of Signing Officer or Director

Date