

FILED
Jan 29, 2004 8:00 am
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

01-29-2004 90083 013 ***150.00

DOCUMENT # P99000103266
 1. Entity Name
MANUEL REGALADO, M.D., P.A.



Principal Place of Business
**239 SW 7TH TERR
 STE B
 GAINESVILLE, FL 32601**

Mailing Address
**239 SW 7TH TERR
 STE B
 GAINESVILLE, FL 32601**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



01172004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3605839

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REGALADO, MANUEL
 239 SW 7TH TERR
 STE B
 GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVPS REGALADO, MANUEL 239 SW 7TH TERR GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> 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: *Manuel Regalado, M.D.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 Date
352-377-1541 (office)
352-372-6297 (home) Daytime Phone #