

02-23-2004 90048 046 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66404594



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|--|---|---|--|---|---|
| DOCUMENT # S00397 | | | | | |
| 1. Entity Name PETER G. BALLAS II, M.D., P.A. | | | | | |
| Principal Place of Business 1905 CLINT MOORE RD #215 BOCA RATON, FL 33496 US | | | Mailing Address 1905 CLINT MOORE RD #215 BOCA RATON, FL 33496 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01132004 Chg-P CR2E034 (10/03) 65-0219869 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BALLAS, PETER G II 1905 CLINT MOORE ROAD SUITE 215 BOCA RATON, FL 33496 | | | 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: _____ <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 | PD BALLAS, PETER B II 1905 CLINT MOORE RD., #215 BOCA RATON, FL 33496 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ballas, Peter G II 1905 CLINT MOORE RD, #215 BOCA RATON FL 33496 |
| | | <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. | | | | | |
| SIGNATURE: <u>Peter G. Ballas II, M.D., P.A.</u> | | | | Date: <u>3-1-04</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Day/Mo/Yr Phone # | |