

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90013 024 \*\*\*150.00

**DOCUMENT # S17258**

1. Entity Name

D. C. AUDIJE, M.D., P.A.



Principal Place of Business

2250 S FIRST ST  
 LAKE CITY FL 32025  
 US

Mailing Address

2250 S FIRST ST  
 STE 2  
 LAKE CITY FL 32025  
 US

2. Principal Place of Business

2086 SW Main Blvd.

Suite, Apt. #, etc.

#101

City & State

LAKE CITY, FL

Zip

32025

Country

US

3. Mailing Address

2086 SW Main Blvd.

Suite, Apt. #, etc.

#101

City & State

LAKE CITY, FL

Zip

32025

Country

US



MOORE CR2E034 (11/03)

4. FEI Number

59-3038045

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUDIJE, D.C.  
 2250 S 1ST STREET  
 LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name

AUDIJE, D.C.

Street Address (P.O. Box Number is Not Acceptable)

2086 SW MAIN BLVD. #101

City

LAKE CITY

FL

Zip Code

32025

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 \$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.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AUDIJE, DOROTEO C M.D.	
STREET ADDRESS	2250 SOUTH FIRST STREET #2	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUDIJE, ROSALINDA B	
STREET ADDRESS	2250 SOUTH FIRST STREET #2	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDIJE, DOROTEO C M.D.	ADDRESS
STREET ADDRESS	2086 SW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDIJE, ROSALINDA B	
STREET ADDRESS	2086 SW MAIN BLVD.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doroteo C Audije MD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 286-755-9500  
 Date Daytime Phone #