



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # S21763 1. Entity Name DR. EUSTUS S. NELSON, MD, P.A.			
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business 4215 SUN N LAKE BLVD SEBRING, FL 33872 US </td> <td style="width: 50%; vertical-align: top;"> Mailing Address 4215 SUN N LAKE BLVD SEBRING, FL 33872 US </td> </tr> </table>			Principal Place of Business 4215 SUN N LAKE BLVD SEBRING, FL 33872 US
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<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent NELSON, EUSTUS S. MD, P.A. 4215 SUN N LAKE BLVD STE 101 SEBRING, FL 33872		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	D	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
NAME	NELSON, EUSTUS S. DR		
STREET ADDRESS	4215 SUN N. LAKE BLVD		
CITY-ST-ZIP	SEBRING, FL 33872		
TITLE			
NAME			
STREET ADDRESS		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5/6/04 Daytime Phone #: 863-382-2248	



05062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3043612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/10/04-80025-008 150.00