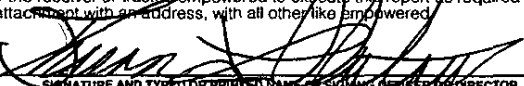


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90012 034 ***150.00

DOCUMENT # S55602 1. Entity Name SHARON L. FLATOW M.A., P.A.					
Principal Place of Business 251 MAITLAND AVENUE SUITE 213 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 251 MAITLAND AVENUE SUITE 213 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business Suite, Apt. #, etc. SUITE 108 City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip Country		Zip Country		4. FEI Number 59-3057264	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLATOW, SHARON L 251 MAITLAND AVENUE SUITE 108 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 2/16/04 <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	P FLATOW, SHARON L 251 MAITLAND AV SUITE 213 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			Date: 2/16/04 (407) 260-5666		