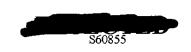
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _



DOCUN 1. Entity Name		# S60855				FILED				
CLARENCE SCOTT, M.D.P.A.							04	AUG 20	PH 4	: 00
Principal Place	e of Business		Mailing Address			SEC	RET.		.15	
1621 WEST SANFORD FI US	1ST ST	,	937 VIHLEN ROAD SANFORD FL 32771-7705		. 1		TALI	IART ···	. 1 ,	i .
- 61			I a Maille Address		·					
2. Principal Pl	lace of Busin	ness	3. Mailing Address						A CUH	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		١	MOORE	CR2E034 (4	/04)		
City & State			City & State			4. FEI Number	59-3176999	3		olied For Applicable
Zip	Country		Zip Count		lry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current i						7. Name and Address of New Registered Agent				
000		DENOC		Name						
SCOTT, CLARENCE 1621 WEST 1ST STREET SANFORD FL 32771					Street Address (P.O. Box Number is Not Acceptable)					
						7-0-1				
					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										
Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE										
FILE NOW.(II) FEE IS:\$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it Make: Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.										
Make Check 10.	K Payabie I	OFFICERS AND		11.	Ce. rea to lile is \$		HANGES TO OFF	ICERS AND DIR	ECTORS	IN 11
TITLE	D	OIT IOLIO AITO	☐ Delete	TITL	E				Change	Addition
NAME SCOTT, CLARENCE STREET ADDRESS 1621 WEST FIRST ST			•	NAM	le Eet adoress					
CITY-ST-ZIP	1) FL 32771			- ST-ZIP					
TITLE			☐ Delete	TITL	£				Change	☐ Addition
NAME CYDEET ANDREDO	İ			NAM STRI	NE EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					(-S1-ZIP					ļ
TIPLE		•	☐ Delete	TITL	1				Change	Addition
MAME STREET ADDRESS	arss				AE EET ADORESS	4	00040 2/04010	7763	84	
CITY-ST-ZIM				c m	r-st-zip	1 09/0	12/04010	32017	¥¥15(0.00
TITLE	†		Delete	TITL NAX					Change	Addition
NAME STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP				CIT	r-st-zip					
TITLE NAME	ļ		☐ Celete	TITE	Υ				Change	☐ Addition
STREET ADDRESS	· • •				eet address					
CITY-ST-ZIP	<u> </u>			CIT	Y-ST-ZIP	<u> </u>				
TITLE			Delets	TIT					Change	Addition (
NAME STREET ADDRESS				NA) STR	NE REET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
indicated	d on this rem	ort or suppleme <i>n</i> tal-conort i:	this filing does not qualify for true and accurate and that	my sian:	ature shall have the	same legal effect	l as if made under	oath: that I am a	in officer	or director
of the co	rporation or i, or on an al	the receiver or trustee emp traching in with an address.	overed to execute this report with all other like empowered	t as requ	ired by Chapter 60	7, Florida Statutes	s; and that my nar	ne appears in Bl	ock 10 or	Block 11 if
-		(IV.	メレレレ \ ~			91	12/00	402	27-	dilei

TORE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR