2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # S65094 02-04-2004 90075 008 ***158.75 1. Entity Name MICHAEL W. REED, M.D., P.A. Principal Place of Business Mailing Address 500 W. 19TH ST. 500 W. 19TH ST. PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3075256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REED, MICHAEL W. DO NOT WRITE 500 W 19TH ST PANAMA CITY, FL 32405 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . 9 . धन र माजर स अध्यक्ष राज्य 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 , \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE REED, MICHAEL W. NAME STREET ADDRESS 500W 19TH ST PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS 12. 1 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 of 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 his 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 gither like empowered.

FILED

Feb 04, 2004 8:00 am