## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2004 08:00 AM Secretary of State

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DOCUMENT # S99696  1. Entity Name FROSTPROOF MEDICAL AND SURGICAL CENTER, P.A.						00000000000000000000000000000000000000	Secret	ary or Sta	ic .
Principal Plac	e of Busines	8	Mailing Address	<del></del>	1				
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45 DEVANE ST					o ne				
FROSTPROOF, FL 33843 US FROSTPROOF, FL 33843-146					9 03	\$ (MEMILIME(ME (INE (	MESSAM SANSSAM ANSSAM INTERN ANSS	# (# (# (# (# (# (# (# (# (# (# (# (# (#	
2. Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt #, etc		01142004	Chg-P	CR2E034 (10/03)		
City & State			City & State		4. FEI Number 59-3104			pplied For of Applicable	
Zip	Country		Zip	Cour	ntry	5. Certificate o	f Status Desired	S8.75 Ad	
-	6. Name	and Address of Curre	ent Registered Agent		1	7. Name and A	Address of New R		
· · · · · · · · · · · · · · · · · · ·			4		Name				
BATEMAN, JOHN T 45 DEVANE ST					Street Address (P.O. Box Number is Not Acceptable)				
FROSTPR		33843							
					City			FL Zp Coo	de
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 0/90TE Registered Agent signature required when reinstating)  DATE  OPENIES OF THE PROPERTY OF THE PROP									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.		OFFICERS AT	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTOR	IS (N 11
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NAME	BATEMAN	N, JOHN T		MAM	iε		Hanna	nnooden	= -
STREET ADDRESS				STRE	ET ADDRESS	9888 U00000088450 03/15/04-80052-006 150.00			
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CITY - S1 - ZIP					-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 chapted, or on an attachment with an address, with all other like empowered.									
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