


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # V06394 1. Entity Name WILHELM C.J. LARSEN, M.D., P.A.	
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Principal Place of Business 8777 ESTATE DR BANYAN ESTATES WEST PALM BEACH, FL 33411 US	Mailing Address 8777 ESTATE DR BANYAN ESTATES WEST PALM BEACH, FL 33411 US
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DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0301509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSEN, WILHELM C.J.
8777 ESTATES DR
BANYON ESTATES
WEST PALM BEACH, FL 33411

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

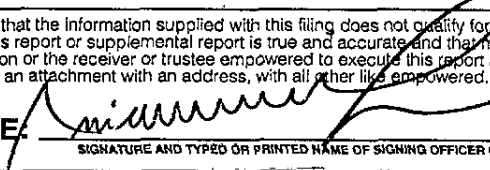
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000172360 09/17/04-80006-010 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, WILHELM C.J. 8777 ESTATE DR, BANYAN ESTATES WEST PALM BEACH, FL 33411
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IN THIS SPACE**

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  **WILHELM C.J. LARSEN, M.D.** 9/14/04 561-707-4161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #