


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90031 018 \*\*\*150.00

<b>DOCUMENT # V31518</b> 1. Entity Name RONALD M. JONES, M.D, P.A.	
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Principal Place of Business 4408 NW 36TH AVE. GAINESVILLE, FL 32606	Mailing Address 4408 NW 36TH AVE. GAINESVILLE, FL 32606
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2893944	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  JONES, RONALD M. 4408 NW 36TH AVE. GAINESVILLE, FL 32606	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: D NAME: JONES, RONALD M. STREET ADDRESS: 4408 NW 36TH AVE. CITY-ST-ZIP: GAINESVILLE, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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:** RONALD M. JONES MD PA 9 JAN 04 (352) 377-8185

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