
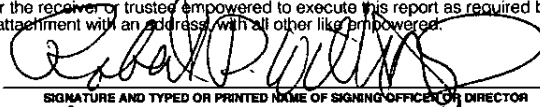


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90035 039 \*\*\*158.75

<b>DOCUMENT # V53616</b> 1. Entity Name <b>ROBERT D. WILLIX, JR., M.D., P.A.</b>																	
Principal Place of Business <b>1515 S FEDERAL HWY STE. 300 BOCA RATON, FL 33432 US</b>			Mailing Address <b>1515 S FEDERAL HWY STE. 300 BOCA RATON, FL 33432 US</b>														
2. Principal Place of Business <b>1515 NORTH FEDERAL HWY</b> Suite, Apt. #, etc. <b>SAME AS ABOVE</b> City & State			3. Mailing Address <b>1515 NORTH FEDERAL HWY</b> Suite, Apt. #, etc. <b>SAME AS ABOVE</b> City & State														
Zip Country		Zip Country		03182004    Chg-P    CR2E034 (10/03) 4. FEI Number <b>65-0357137</b> Applied For Not Applicable													
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>WILLIX, ROBERT D., JR. 338 SW 16TH STREET BOCA RATON, FL 33432</b>													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PST WILLIX, ROBERT D., JR.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>338 SW 16TH STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOCA RATON, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PST WILLIX, ROBERT D., JR.	<input type="checkbox"/> Delete	NAME	338 SW 16TH STREET		STREET ADDRESS	BOCA RATON, FL		CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ROBERT D. WILLIX JR</b>		Date <b>561-362-0724</b> <small>Daytime Phone #</small>															