


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V54692
 1. Entity Name
DAVID A. STEGEMAN, R.P.T., P.A.



Principal Place of Business Mailing Address
 15304 TALL OAK AVENUE 15304 TALL OAK AVENUE
 DELRAY BEACH, FL 33446 US DELRAY BEACH, FL 33446 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0351886 Not Applicable

5. Certificate of Status Destroyed **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 STEGEMAN, DAVID A
 15304 TALL OAK AVENUE
 DELRAY BEACH, FL 33446

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

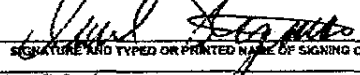
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEGEMAN, DAVID A 15304 TALL OAK AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEGEMAN, MELISSA 15304 TALL OAK AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/12/04-80010-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **11/7/04** (561) 637 9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #