

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61201

FILED  
Mar 30, 2004  
Secretary of State

Entity Name: EDWARD W. HALPREN, D.O., P.A.

## Current Principal Place of Business:

13691 METROPOLITAN PARKWAY  
METRO MEDICAL PLAZA SUITE 260  
FT MYERS, FL 33912 US

## New Principal Place of Business:

## Current Mailing Address:

13691 METROPOLITAN PARKWAY  
METRO MEDICAL PLAZA SUITE 260  
FT MYERS, FL 33912 US

## New Mailing Address:

FEI Number: 65-0353289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEINSTEIN, SCOTT WM  
1625 HENDRY STREET  
SUITE 201  
FT. MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALPREN, EDWARD,  
Address: 13691 METROPOLITAN PKWY  
City-St-Zip: FT MYERS, FL

Title: ST ( ) Delete  
Name: HALPREN, EDWARD,  
Address: 13691 METROPOLITAN PKWY  
City-St-Zip: FT MYERS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W. HALPREN

PD

03/30/2004

Electronic Signature of Signing Officer or Director

Date