2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AN
Secretary of State

DOC	JME	NT#	V67	057
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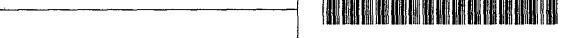
1. Entity Name RAYMOND F. CARON, P.A.

Principal Place of Business Mailing Address

 54 S. KIRKMAN RD
 54 S. KIRKMAN RD

 STE. E
 STE. E

 ORLANDO, FL 32811
 ORLANDO, FL 32811



## DO NOT WRITE IN THIS SPACE

01252004	No Chg-P	CR2	2E034 (10/03)	
4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For	
59-3168450			Not Applicable	
5. Certificate of	of Status Desired		\$8.75 Additional	

8. Name and Address of Current Registered Agent

CARON, RAYMOND F M.D. 4562 S. KIRKMAN RD. ORLANDO, FL 32811

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	rnamed entity submits trits statement for the p tions of registered agent.	ourpose of changing its registered	onice or reg	Jistered agent, or bo	in, in the state of Pionoa. Tam familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	Agent signature re	an used upon colosternos)	PARTY OF THE PROPERTY OF THE P
	E NOW!!! FEE 18 \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing 🗆	\$5.00 May Be Added to Fees	000000070752 63701704-80049-003 150.00
10.	OFFICERS AND DIREC	CTORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARON, RAYMOND F M.D. 54 S. KIRKMAN RD STE. E ORLANDO, FL. 32811	Southern the Control of the Control			
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		o gamento o o la Agreco de Esta Registra de		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 1 to 10 to	en jagen en e			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s			
12. I hereby indicated of the co-	certify that the information supplied with this fi i on this report or supplemental report is true a reporation or the receiver or trunge empowere , or on an attachment with an agrees, with at	iling does not qualify for the exem and accurate and that my signatu d to execute this report as require Il other like empowered.	nption stated are shall have ad by Chapte	in Section 119 07(3)	(I), Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

ED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR