


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 454186
 1. Entity Name
 FRANKLIN, FAVATA & HULLS, M.D.'S, P.A.



Principal Place of Business 3100 E FLETCHER AVE P O BOX 17211 TAMPA, FL 33682	Mailing Address 3100 E FLETCHER AVE P O BOX 17211 TAMPA, FL 33682
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1532055	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
 FD & L CORP.
 200 LAURA STREET NORTH
 3RD FLOOR
 JACKSONVILLE, FL 32202

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD FRANKLIN, H. HOWARD, MD 3100 E FLETCHER AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FAVATA JOHN J, JR., MD 16612 SEDONA DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HULLS, JAMES R., MD 6401 JOSEPHINE ARBOR TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/05/04-80106-009 150.00

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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: Howard Franklin Date: Jan 19, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #