

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017072

**FILED
May 13, 2004
Secretary of State**

Entity Name: PALM MEDICAL OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

2240 WOOLBRIGHT ROAD
346
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2240 WOOLBRIGHT ROAD
346
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-1062975 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEWIS, STUART
2240 WOOLBRIGHT ROAD
346
BOYNTON BEACH, FL 33426

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: P () Delete
Name: LEWIS, STUART T
Address: 2240 WOOLBRIGHT ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP () Delete
Name: LEWIS, PHYLIS E
Address: 796 STEPHEN RD
City-St-Zip: WARMINISTER, PA 18974

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: DOCTOR STUART LEWIS

PRES

05/13/2004

Electronic Signature of Signing Officer or Director

_____ Date

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.