

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90036 036 ***150.00

DOCUMENT # 573795 1. Entity Name ELAINE WATERS, M.D., P.A.					
Principal Place of Business 2010, 59TH STREET WEST BRADENTON, FL 34209-4690			Mailing Address 2010, 59TH STREET WEST BRADENTON, FL 34209-4690		
2. Principal Place of Business 5701 21ST AV. W. Suite, Apt. #, etc. BRADENTON, FL.		3. Mailing Address 5701 21ST AV. W. Suite, Apt. #, etc. BRADENTON FL.			
City & State 34209		City & State 34209		01232004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1827620				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TRAPP, GARY D CPA 2723 MANATEE AVE W BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, ELAINE 2010 59TH STREET WEST BRADENTON, FL	☐ Delete			
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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)(i), 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: <u>Elaine J Waters, MD PA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/28/04 (941) 792-4151 Date Daytime Phone #		