

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F58752 1. Entity Name POLIN, RUTLEDGE & FISCHER, M.D., P.A.	
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Principal Place of Business 34637 US 19 N PALM HARBOR, FL 34684	Mailing Address 34637 US 19 N PALM HARBOR, FL 34684
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2149773	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

POLIN, ARTHUR R.
34637 US 19 N
PALM HARBOR, FL 33563

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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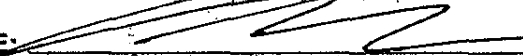
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLIN, ARTHUR R M.D. 34637 US 19 N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUTLEDGE, HUGH A M.D. 34637 US 19 N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FISCHER, JAMES P M.D. 34637 US 19 N PALM HARBOR, FL 34684
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/19/04-80010-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 	7/8/4 727-786-1673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #