

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90195 041 ***158.75

DOCUMENT # M94047

1. Entity Name
CLAUDIA HALL PETERSON, D.O., P.A.



Principal Place of Business
4550 N.W. 102ND CT.
MIAMI, FL 33178

Mailing Address
PO BOX 835761
MIAMI, FL 33283

24070709



2. Principal Place of Business

395 Village Drive

3. Mailing Address

PO Box 422267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

Kissimmee Florida

City & State

Kissimmee, Florida

4. FEI Number

65-0067890

Applied For

Not Applicable

Zip

34759

Country

USA

Zip

34742-2267

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, CLAUDIA HALL
4550 N.W. 102ND CT.
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name Dr. Claudia Peterson

Street Address (P.O. Box Number is Not Acceptable)

395 Village Drive

City Kissimmee

FL

Zip Code

34759

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

4-28-04

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 D
NAME PETERSON, CLAUDIA HALL
STREET ADDRESS 4550 N.W. 102ND CT.
CITY-ST-ZIP MIAMI, FL 33178 ☒ Delete

TITLE M
NAME PETERSON, III, WOODROW
STREET ADDRESS 4550 N.W. 102ND CT.
CITY-ST-ZIP MIAMI, FL 33178 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Director
NAME Dr. Claudia Peterson
STREET ADDRESS 395 Village Drive
CITY-ST-ZIP Kissimmee, Fla 34759 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04

305

5257528