


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90044 025 \*\*\*150.00

**DOCUMENT # P0100067244**

1. Entity Name  
**IRENE V. KARDASHIAN, M.D., P.A.**



Principal Place of Business      Mailing Address  
**13906 LAKESHORE BLVD, SUITE 230**      **13906 LAKESHORE BLVD, SUITE 230**  
**HUDSON FL 34667**      **HUDSON FL 34667**

**66404149**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**14100 FIVAY RD.**      **14100 FIVAY RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**STE. 100**      **STE. 100**

City & State      City & State  
**HUDSON, FL 34667**      **HUDSON, FL**

4. FEI Number      Applied For  
**59-3726962**       Not Applicable

Zip      Country      Zip      Country  
**34667**      **PASCO**      **34667**      **PASCO**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BROTHELL AND COMPANY**  
**5318 LINDER PL**  
**NEW PORT RICHEY FL 34652**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>KARDASHIAN, IRENE V</b>
STREET ADDRESS	<b>13906 LAKESHORE BLVD, SUITE 230</b>
CITY-ST-ZIP	<b>HUDSON FL 34667</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>14100 FIVAY RD., STE. 100</b>
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 I am empowered.

SIGNATURE: Irene Kardashian, MD      Date: 2/23/04      Daytime Phone # \_\_\_\_\_