


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90002 031 ***150.00

DOCUMENT # P03000025957

1. Entity Name
GISELE R. RISCILE P.A.



Principal Place of Business
**3201 S. DALE MABRY HWY
 TAMPA, FL 33629**

Mailing Address
**4806 W. SAN MIGUEL ST
 TAMPA, FL 33629**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**3201 S. Dale Mabry
 Suite # 102
 TAMPA Florida
 33629 USA**



07192004 Chg-P CR2E034 (10/03)

4. FEI Number
11-3685149

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

6. Name and Address of Current Registered Agent
**O'BREIN, JAMES
 4806 W. SAN MIGUEL ST
 TAMPA, FL 33629**

7. Name and Address of New Registered Agent
 Name **O'Brien, James**
 Street Address (P.O.-Box-Number is Not Acceptable)
3201 S. Dale Mabry Suite 102
 City **TAMPA** State **FL** Zip Code **33629**

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 **James O'Brien** *James O'Brien* **7/19/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISCILE, GISELE R 4806 W. SAN MIGUEL ST TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 officers empowered.

SIGNATURE: *[Signature]* **7/19/04** **813 831 6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54064270
P0300025957

Jim O'Brien

From: "corphelp" <corphelp@dos.state.fl.us>
To: "Jim O'Brien" <dwalkin@tampabay.rr.com>
Sent: Sunday, July 18, 2004 9:08 AM
Subject: RE: Annual Report

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The check for the annual report would have been cleared by now. Please send another annual report and check for \$150.00. Attach a letter explaining that the first report and check was not received by this office in May.

Rob
Internet Access

-----Original Message-----

From: Jim O'Brien [mailto:dwalkin@tampabay.rr.com]
Sent: Friday, July 16, 2004 10:29 AM
To: corphelp@mail.dos.state.fl.us
Subject: Annual Report

Hello:

Jim O'Brien here from Doctor Riscile's Walk-In our document number is P03000025957. I recieved your notice of intent to disolve and I am confused. We filled for this by mail back in May our check number 5095 in the Amount of \$ 150.00 has still not cleared our bank account. Is it possible that it was lost in transit or should it have cleared by now. Do we need to resubmitt?

Please reply via e-mail at dwalkin@tampabay.rr.com or by calling 813 831-6000.

Thanks.

Jim O'Brien