

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

04-19-2004 90308 003 ***150.00

DOCUMENT # P03000116008			
1. Entity Name SUSAN ANGEL, ARNP, P.A.			
Principal Place of Business 3580 PALL MALL DRIVE 1603 JACKSONVILLE, FL 32257 US		Mailing Address 3580 PALL MALL DRIVE 1603 JACKSONVILLE, FL 32257 US	
2. Principal Place of Business Same as above		3. Mailing Address Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 77-0610645		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUSAN ANGEL 3580 PAL MALL DRIVE 1603 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Same	
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.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
SIGNATURE Signature, type or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Susan Angel 3580 Pall Mall Dr #1603 Jacksonville, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: Susan Angel ARNP PA		Date: 4/6/04 (904) 654-6381	