

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063852

**FILED**  
**Jan 06, 2004**  
**Secretary of State**

**Entity Name:** PHILIP M. LASCELLE, M.D., P.A.

**Current Principal Place of Business:**

2020 S TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

777 SOUTH PALM AVENUE  
3  
SARASOTA, FL 34236

**Current Mailing Address:**

2020 S TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

777 SOUTH PALM AVENUE  
3  
SARASOTA, FL 34236

FEI Number: 65-0516368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASCELLE, PHILIP M  
2020 S TAMIAMI TRAIL  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

LASCELLE, PHILIP M  
777 SOUTH PALM AVENUE  
SARASOTA, FL 34236 US

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.

SIGNATURE: \_\_\_\_\_

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LASCELLE, PHILIP M MD  
Address: 2020 S. TAMIAMI TR  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LASCELLE, PHILIP M MD  
Address: 777 SOUTH PALM AVENUE  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP M LASCELLE

DR.

01/06/2004

Electronic Signature of Signing Officer or Director

Date