

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K93197

1. Entity Name
DOUGLAS K. PIERCE, M.D. P.A.



Principal Place of Business
**C/O DOUGLAS K. PIERCE M.D.
8787 BRYAN DAIRY RD # 360
LARGO, FL 33777 US**

Mailing Address
**C/O DOUGLAS K. PIERCE M.D.
8787 BRYAN DAIRY RD # 360
LARGO, FL 33777 US**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2949132

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PIERCE, DOUGLAS K. M.D.
8787 BRYAN DAIRY RD
STE 360
LARGO, FL 33777**

**DO NOT WRITE
IN THIS SPACE**

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 consenting)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PIERCE, DOUGLAS K. M.D.
8787 BRYAN DAIRY RD STE 360
LARGO, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/23/04 80028-015 150.00

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IN THIS SPACE**

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

Date, Time, Phone #

1/22/04 **727-393-4900**