


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000085228	
1. Entity Name SEIJAS MEDICAL CENTER, INC	

Principal Place of Business 411 SAINT JOHNS AVENUE PALATKA, FL 32177 US	Mailing Address 411 SAINT JOHNS AVENUE PALATKA, FL 32177 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0102177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D SEIJAS, ANA M 269 RIVER DRIVE EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA TORRE, ROBERT 269 RIVER DRIVE EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/05/05-80044-017 158.75

**DO NOT WRITE
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 Daytime Phone #