

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 301122

1. Entity Name

MEDICAL OFFICES, INC.



Principal Place of Business

306 SOUTH TENTH STREET
HAINES CITY, FL 33844

Mailing Address

306 SOUTH TENTH STREET
HAINES CITY, FL 33844



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1195964

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

STINE, JAY C JR
306 SOUTH TENTH ST
HAINES CITY, FL 33844

**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 renouncing)

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 D
NAME STINE, JAY C
STREET ADDRESS 2025 W. LAKE HAMILTON DR.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME DEGNAN, MICHAEL
STREET ADDRESS 2612 CREST DR
CITY-ST-ZIP HAINES CITY, FL

TITLE D
NAME GREEN, DAVID J
STREET ADDRESS 7000 STATE RD. 544 STE 7
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME JAIN, MANUEL G.
STREET ADDRESS 1488 LAKE MIRROR NW
CITY-ST-ZIP WINTER HAVEN, FL

TITLE D
NAME MOORE, JOHN W.
STREET ADDRESS 3224 LAKE BREEZE DR
CITY-ST-ZIP HAINES CITY, FL

TITLE D
NAME THORNTON, FRANK J.
STREET ADDRESS 3079 LANDINGS CT.
CITY-ST-ZIP HAINES CITY, FL 33844

U00000114125
04/15/04-80037-013 150.00

**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)(f), 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

4/13/04

Date

863-422-9562

Daytime Phone #