

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90019 018 ***150.00

DOCUMENT # 457094

1. Entity Name
ARTHUR A. BARLIS, M.D., P.A.



Principal Place of Business
**601 MAIN ST
MEASE MEDICAL ARTS
DUNDEIN, F 34698 US**

Mailing Address
**601 MAIN STREET
MEASE MEDICAL ARTS
DUNEDIN, FL 34698 US**

34061333



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1552344
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARLIS, ARTHUR A
2080 MUIRFIELD WAY
OLDSMAR, FL 34677**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

*Waive late fee 400 never
received but notice
BBS.*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLIS, ARTHUR A 2080 MUIRFIELD WAY OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARLIS, BETTYE 2080 MUIRFIELD WAY OLDSMAR, FL 34677
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**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:

AA Barlis, MD

7-7-04

727-734-6573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment

Barlis Cataract and Eye Care Center

ARTHUR A. BARLIS, M.D., MEDICAL DIRECTOR
OPHTHALMOLOGY

BETTYE M. BARLIS, ADMINISTRATOR
PHYSICIAN OFFICES, 3RD FLOOR
601 MAIN ST.

DUNEDIN, FLORIDA 34698

TELEPHONE: (727) 734-6593

54061333
457094

7-7-04

To Division of Corporations,

Enclosed is check for \$150.00 Document #457094.

Please waive late fee of \$400. I certify I
Never received the first notice you sent out.

I am sending this per instructions on your
recorder.

Sincerely,

Arthur A Barlis, MD
SS.
Arthur A Barlis, MD.