

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90043 034 ***150.00

DOCUMENT # 503027

1. Entity Name
LADIA & LADIA, M.D.'S, P.A.



Principal Place of Business

**208 N.E. 19TH DR.
SUITE 5
OKEECHOBEE, FL 34972-1911**

Mailing Address

**208 N.E. 19TH DR.
SUITE 5
OKEECHOBEE, FL 34972-1911**

70012100



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1661515

Applied For
Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LADIA, FELIPE P., M.D., P.A.
208 N.E. 19 DRIVE
SUITE #5
OKEECHOBEE, FL 33472**

**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

Philip P. Ladia
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/20/05

**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	PD
NAME	LADIA, FELIPE P.
STREET ADDRESS	208 N.E. 19 DR. STE #5
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	SD
NAME	LADIA, LILIA D.
STREET ADDRESS	208 N.E. 19 DR. STE #5
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.