2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #511536



FILED Apr 22, 2004 8:00 am Secretary of State

1. Entity Nam MICHAEL	ne L J. SAKELLARIDES, M.D., P.A	04-22-2004 90050 021 ***150.00				
	BLVD—	lailing Address 5341_GRAND_BLVD NEW PORT RICHEY, FL 34652				- •
C	OO NOT WRITE II	04082004 4. FEI Number				
5341 GRA	6. Name and Address of Current Regis RIDES, MICHAEL J. ND BLVD RT RICHEY, FL 34652	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or register	ed agent, or bo	oth, in the State of Florida.	I ăm familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature required	when reinstating)	D.	ATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.	.00		
10.	OFFICERS AND DIRE	CTORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAKELLARIDES, MICHAEL J. 5341 GRAND BLVD NEW PORT RICHEY FL,					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		.*	1			,

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.

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/09

Date

Daytime Phone #