

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 517124 1. Entity Name BECKER ORGAN CENTER, INC.	
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Principal Place of Business 4212 EL PRADO TAMPA, FL 33629	Mailing Address 4212 EL PRADO TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1922499	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BECKER, GERHARD
4212 EL PRADO BLVD.
TAMPA, FL 33609**

**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 re-appointing) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BECKER, GERHARD 3508 SAN JOSE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BECKER, BRIAN 3508 SAN JOSE ST TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BECKER, MAYLING 3508 SAN JOSE ST TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/05-80072-018 150.00

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: GERHARD BECKER 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #