

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 517406

1. Entity Name
CHARLES T. POLIS, JR., M.D., P.A.



Principal Place of Business

**1410 59TH ST. W.
BRADENTON, FL 34209**

Mailing Address

**1410 59TH ST. W.
BRADENTON, FL 34209**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1710008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLIS, CHARLES T. JR.
1410 59TH ST. WEST
BRADENTON, FL**

**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 \$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

**U000000270208
03/19/05-80041-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLIS, CHARLES T. JR.
STREET ADDRESS	1410 59TH ST. WEST
CITY-ST-ZIP	BRADENTON FL,
TITLE	VSDD
NAME	FISCELLA, KENNETH
STREET ADDRESS	1410 59TH ST. WEST
CITY-ST-ZIP	BRADENTON FL,
TITLE	S
NAME	HERRMAN, EDWARD
STREET ADDRESS	1410 59TH ST. WEST
CITY-ST-ZIP	BRADENTON, FL
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)(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

Date

Daytime Phone #

16 Mar '05 (941) 792-1477