

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 525514

1. Entity Name
MICHAEL J. CICHON, M.D., P.A.



Principal Place of Business
9804 N 56TH ST
TEMPLE TERRACE, FL 33617

Mailing Address
9804 N 56TH ST
TEMPLE TERRACE, FL 33617



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1720397

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PREVATT, KAREN
101 E KENNEDY
TAMPA, FL 33601

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CICHON, ELAINE F
STREET ADDRESS	9804 N 56TH ST
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	PD
NAME	CICHON, MICHAEL F
STREET ADDRESS	9804 N 56TH ST
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000650847
03/09/07-80030-002 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/27/07 (813)
985-5573

Date

Daytime Phone #