## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # 543459 1. Entity Name 04-12-2004 90281 015 \*\*\*150 00 IDA SEBASTIAN, M.D., P.A. Principal Place of Business Mailing Address 1520 10TH AVENUE NORTH, STE A 1520 10TH AVENUE NORTH, STE A . LAKEWORTH FL 33460 LAKEWORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-1765580 Not Applicable Ziο Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_\_ SEBASTIAN, M D Street Address (P.O. Box Number is Not Acceptable) 4526 ST ANDREWS DR **BOYNTON BEACH FL 33436** Zip Code 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 about and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PDS** President Treasurer . V.P. TITLE Delete TITLE Change ☐ Addition 9 da Sebastian m-D NAME SEBASTIAN, IDA NAME 1520 10 F Ave. NOTE, Suite A. STREET ADDRESS 4526 ST ANDREWS DR STREET ADDRESS WOTHE. F1. 33460 BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP TITLE **▼** Delete TITLE ☐ Addition GNANASEELAN, LIONEL NAME NAME 1520 10TH AVE, N. SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZiP 🗷 Delete VΡ TITLE TITLE ☐ Change ☐ Addition NAME -PERAMUNE, NANCY K-NAME STREET ADDRESS STREET ADDRESS 9930-3 PINEAPPLE TREE DRIVE #109 CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CITY-ST-ZIP

SIGNATURE:

**FILED**