2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90131 034 ***150.00

DOCUMENT # 543459

1. Entity Name
IDA SEBASTIAN, M.D., P.A.

Principal Place of Business	Mailing Address
1520 10TH AVENUE NORTH, STE A LAKEWORTH FL 33460	1520 10TH AVENUE NORTH, STE A LAKEWORTH FL 33460

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1520 10 th Ave North	1520 10 th Ave. North
Suite, Apt. #, etc. Ste B	Suite, Apt. #, etc. Suite B
City & State LAKE WORTH. Fl	City & State Lake Worth. Fl.
Zip 33460 Fl Lakeworth · Country P Beach	Zip 33460 · Country P.B. county

4. FEI Number 59-1765580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEBASTIAN, M D
4526 ST ANDREWS DR
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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] ~~IDA SEBASTIAN~~ Error ~~03-04-2005~~
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEBASTINA, IDA MD.	NAME	
STREET ADDRESS	1520 10TH AVE N. STE A	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	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-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		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-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: [signature] IDA SEBASTIAN 03-4-05 561 586 2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #