

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 557049

1. Entity Name
CHARLES D. SCARBOROUGH, M.D., P.A. . . .



Principal Place of Business

31 S. 5TH STREET
MACCLENLY, FL 32063 US

Mailing Address

31 S. 5TH STREET
MACCLENLY, FL 32063 US



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1795303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCARBOROUGH, CHARLES D
5674 HARLEY THRIFT RD.
MACCLENLY, FL 32063

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCARBOROUGH, CHARLES D.
STREET ADDRESS 5675 HARLEY THRIFT RD.
CITY-ST-ZIP MACCLENLY, FL 32063

000000155599
05/05/04-80043-021 150.00

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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 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 #