

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 050 ***150.00

DOCUMENT # 557501

1. Entity Name
O'MALLEY & HALL, M.D., P.A.



Principal Place of Business
C/O O'MALLEY & HALL, MD, PA
2650 BAHIA VISTA, STE 207
SARASOTA, FL 34239

Mailing Address
C/O O'MALLEY & HALL, MD, PA
2650 BAHIA VISTA, STE 207
SARASOTA, FL 34239



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.
Suite 207

07012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1800431

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'MALLEY, THOMAS A MD
2650 BAHIA VISTA
STE 207
SARASOTA, FL 34239

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
O'MALLEY, THOMAS A
2650 BAHIA VISTA-STE 207
SARASOTA, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MICHAEL, HALL, MD
2650 BAHIA VISTA-STE 207
SARASOTA, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Thomas A. O'Malley MD July 10/04 941 366-8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS A. O'MALLEY, M.D., P.A., F.A.C.P., F.A.C.G.

MICHAEL S. HALL, M.D.

INTERNAL MEDICINE

GASTROENTEROLOGY

2650 BAHIA VISTA, SUITE 207

SARASOTA, FLORIDA 34239

366-8960

July 1, 2004

Please make
correction — Suite
number is 207.

may be that is why
I never received
First notice

Thank you
very much —