

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 561980

1. Entity Name
MELVYN G. DREW, D., P.A.



Principal Place of Business
6610 W. EMBASSY BLVD.
PORT RICHEY, FL 34668

Mailing Address
6610 W. EMBASSY BLVD.
SUITE C
PORT RICHEY, FL 34668

FILED

08 SEP 15 AM 11:39

SECRETARY OF STATE



07082008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1863522
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DREW, MELVYN G, MD, P.A.
6610 W. EMBASSY BLVD.
PORT RICHEY, FL 34668

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DREW, MELVYN G, MD
STREET ADDRESS	6610 W. EMBASSY BLVD.
CITY - ST - ZIP	PORT RICHEY, FL
TITLE	ST
NAME	DREW, LYDIA B
STREET ADDRESS	6610 W. EMBASSY BLVD.
CITY - ST - ZIP	PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

200136245132
09/23/08--01008--006 **\$500.00
10/28/08--01012--020 **\$50.00

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:

Melvin G. Drew MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/08
Date

Daytime Phone #