

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 571211

1. Entity Name
E. CRAIG RABY, M.D., P.A.



Principal Place of Business

310 S PALM AVE
STE 10
PALATKA, FL 32177 US

Mailing Address

310 S PALM AVE
STE 10
PALATKA, FL 32177 US



02182004 No Chg-P - CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1833560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RABY, NANCY M.
310 S PALM AVE
STE 10
PALATKA, FL 32177

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RABY, E. CRAIG
310 SOUTH PALM AVENUE #10
PALATKA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
RABY, NANCY M.
310 S PALM AVENUE #10
PALATKA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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04/01/04-80007-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (be empowered).

SIGNATURE:

Nancy M. Raby, Secy/Treas 3-29-04 386-328-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #