

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # 588019 1. Entity Name RICHARD-LECH SZNURKOWSKI, M.D., P.A.	
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Principal Place of Business 2595 HARBOR BLVD., STE 103 PORT CHARLOTTE, FL 33952	Mailing Address 2595 HARBOR BLVD., STE 103 PORT CHARLOTTE, FL 33952
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1855176	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SZNURKOWSKI, RICHARD-LECH 2595 HARBOR BLVD #103 PORT CHARLOTTE, FL 33952

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

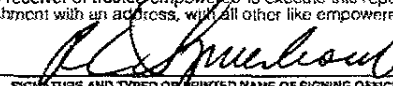
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SZNURKOWSKI RICHARD-LECH 2595 HARBOR BLVD #103 PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SZNURKOWSKI, R. L. 2595 HARBOR BLVD S103 PT CHARLOTTE, FL
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04/26/04-80060-012 150.00

**DO NOT WRITE
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 807, 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

4/21/04 941-625-1445
Date Daytime Phone #