

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90005 041 ***158.75

DOCUMENT # 589662

1. Entity Name

M. LEE PEARCE, M.D.,P.A.



Principal Place of Business

AMERICAN MEDICAL PLAZA
11880 BIRD ROAD SUITE 203
MIAMI FL 33175
US

Mailing Address

AMERICAN MEDICAL PLAZA
11880 BIRD ROAD SUITE 203
MIAMI FL 33175
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2099020

Applied For

Not Applicable

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

MUDD, JOHN
5601 NORTH DIXIE HIGHWAY
SUITE 420
FORT LAUDERDALE FL 33334

Name

Timothy C. Lincoln, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Downtown Legal Center

46 N. E. 6th Street

City

Miami

FL

Zip Code
33132

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

Timothy C. Lincoln

Timothy C. Lincoln, V.P.

3/15/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PEARCE, M. LEE MD.
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

TITLE ST ☐ Delete
NAME MUDD, JOHN
STREET ADDRESS 5601 N DIXIE HWY STE 420
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

John P. Mudd

3/15/04

(954) 202-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #