

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 600439

1. Entity Name

B.J. LA CLAIR, M.D., P.A.



Principal Place of Business
121 AVENIDA MESSINA
SARASOTA FL 34242

Mailing Address
121 AVENIDA MESSINA
SARASOTA FL 34242



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 **59-1218558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACLAIR, BARRY J
121 AVENIDA MESSINA
SARASOTA FL 33581

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 terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MOREAU, F.W.
P.O. BOX 15007
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000000289408
04/06/05-80025-009 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LACLAIR, BARRY J
121 AVENIDA MESSINA
SARASOTA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STEPHENSON, PHYLLIS A.
5969 CATTLE RIDGE BLVD.
SARASOTA FL ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Barry J. La Clair MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #