

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # 601327

1. Entity Name
NILE R. LESTRANGE, M.D., P.A.



Principal Place of Business
**1600 S FEDERAL HWY
TENTH FL
POMPANO BEACH, FL 33062 US**

Mailing Address
**1600 S FEDERAL HWY
10TH FL
POMPANO BEACH, FL 33062 US**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1269793** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCRORY, J. WALTER
1512 EAST BROWARD BLVD., SUITE 200
FT. LAUDERDALE, FL 33301**

**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, 2005 Fee will be \$550.00**

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

**000000325331
04/23/05-80011-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **LESTRANGE, NILE R., M.D.**
STREET ADDRESS **1600 S FEDERAL HWY 10TH FLOOR**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **D**
NAME **LESTRANGE, NILE R., M.D.**
STREET ADDRESS **1600 S FEDERAL HWY 10TH FLOOR**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 954788 9000
Date Daytime Phone #