

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90009 024 \*\*\*150.00

**DOCUMENT # 601509**

1. Entity Name  
**RICHARD E. PROMIN MD PA**



Principal Place of Business

**2215 FORT KING  
SUITE C  
OCALA, FL 34471 US**

Mailing Address

**2215 FORT KING  
SUITE C  
OCALA, FL 34471 US**

**54062777**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1271578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PROMIN, RICHARD E MD  
2215 FT KING  
SUITE C  
OCALA, FL 32671**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PROMIN, RICHARD E MD**  
STREET ADDRESS **2215 FT KING**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Richard E. Promin MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD E. PROMIN MD**

Date

Daytime Phone #

**7/13/04 352-629-0181**

Attachment

54062777

RICHARD E. PROMIN, M.D., P.A.  
FAMILY PRACTICE

OLD FORT KING SQUARE  
2215 S.E. FORT KING STREET  
BUILDING C  
OCALA, FLORIDA 32671  
(904) 629-0181

MEDICAL PARK WEST  
8150 S.W. STATE ROAD 200  
SUITE 100  
OCALA, FLORIDA 32676  
(904) 854-3131

RICHARD E. PROMIN, M.D.  
DIPLOMATE OF THE AMERICAN  
BOARD OF FAMILY PRACTICE  
FELLOW OF AMERICAN  
ACADEMY OF FAMILY PHYSICIANS

# 601809

7/13/04

To whom It May Concern:

On the advice of one of your representatives, I'm enclosing a check for \$150.00 which represents the original fee for the Corporation Annual Report.

I forwarded a check for this amount, together with the appropriate form, to your office in the beginning of April.

However, in checking my records I have found this check still has not cleared my account. I can only assume at this point that the initial check has been lost in the system.

I would greatly appreciate, therefore, if you would not charge me the additional late fee.

Hoping that this meets with your approval, I am,

Richard E. Promin MD