2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 602347

1. Entity Name
CITRUS SURGICAL GROUP, P.A.

Principal Place of Business
661 E ALTAMONTE DR #331
ALTAMONTE SPRGS, FL 32701 US

Mailing Address
661 E ALTAMONTE DR #331
ALTAMONTE SPRGS, FL 32701 US

04092004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-1299743 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

IVAN R ROSADO, M.D.
661 E ALTAMONTE DR #331
ALTAMONTE SPRGS, FL 32701

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9. 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, 2004 Fee will be $550.00

9. [illegible] ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IVAN R ROSADO
STREET ADDRESS	661 E ALTAMONTE DR #331
CITY-ST-ZIP	ALTAMONTE SPRGS, FL
TITLE	VP
NAME	ROSADO, IVAN
STREET ADDRESS	661 E. ALTAMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80125-012 150.00

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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: Ivan Rosado (407) 830-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #