

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 050 ***158.75

DOCUMENT # 602604

1. Entity Name
W.A. MAGARINO, M.D. P.A.



Principal Place of Business
1705 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

Mailing Address
1705 LAKELAND HILLS BLVD.
LAKELAND, FL 33805



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1304613	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5300
WENDEL, JOHN F
4404 SOUTH FLORIDA
STE E2
LAKELAND, FL 33801

**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

John F. Wendel
Signature, typed or printed name of registered agent and title if applicable.

JOHN F. WENDEL

4/27/04
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGARINO, W A
STREET ADDRESS	1705 LAKELAND HILLS BLVD
CITY - ST - ZIP	LAKELAND, FL

TITLE	V
NAME	MAGARINO, TERESITA
STREET ADDRESS	1705 LAKELAND HILLS BLVD
CITY - ST - ZIP	LAKELAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4222004 803-
688-6051