

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 602773	
1. Entity Name MARGOLIN, M.D., P.A	

Principal Place of Business LINCOURT MEDICAL CENTER 501 SOUTH LINCOLN AVE CLEARWATER, FL 33756	Mailing Address LINCOURT MEDICAL CENTER 501 SOUTH LINCOLN AVE CLEARWATER, FL 33756
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1323104	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARGOLIN, JERRY A 501 S LINCOLN AVENUE CLEARWATER, FL 33516
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**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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARGOLIN, JERRY A 501 S. LINCOLN AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARGOLIN, ANN C 501 S. LINCOLN AVE. CLEARWATER, FL
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04/08/05-80080-016 150.00

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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)(f), 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: Jerry Margolin MD Jerry Margolin 4-4-05 727-442-2193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #