


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 603648 1. Entity Name LUNSETH & MILLER, M.D., P.A.	
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Principal Place of Business 4612 NO HABANA AVENUE TAMPA, FL 33614	Mailing Address 4612 NO HABANA AVENUE TAMPA, FL 33614
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1406528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUNSETH, PAUL A. 4612 N HABANA TAMPA, FL 33614

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUNSETH, PAUL A 4612 NORTH HABANA TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLER, ALLEN D 4612 NORTH HABANA TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUSCEMI, MICHAEL J 4612 N HABANA TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAN, JOHN C 4612 N HABANA TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000003789
01/13/04-80071-017 150.00

**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:  ALLEN D. MILLER, MD 1/5/04 813-877-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #