

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90052 050 ***150.00

DOCUMENT # 605161

1. Entity Name

RICHARD L. BECK, M.D., P.A.



Principal Place of Business

311 N. MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701

Mailing Address

311 N. MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

311 N. Maitland Ave

Suite, Apt. #, etc.

Altamonte Springs

City & State

Florida

Zip

327

Country

USA

3. Mailing Address

311 N. Maitland Ave

Suite, Apt. #, etc.

Altamonte Springs

City & State

Florida

Zip

32701

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1526028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECK, RICHARD L.
311 N. MAITLAND AVE.
ALTAMONTE SPRINGS FL 32701

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME BECK, RICHARD L., M.D.
STREET ADDRESS 311 N. MAITLAND AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE S ☐ Delete
NAME BECK, MARLENE
STREET ADDRESS 311 N. MAITLAND AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2005 407 834 0003

Date

Daytime Phone