

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 672224	
1. Entity Name JOHN A. DRYFUSS, JR., M.D., P.A.	



Principal Place of Business 7109 N.W. 11TH PLACE GAINESVILLE, FL 32605	Mailing Address 7109 N.W. 11TH PLACE GAINESVILLE, FL 32605
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01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1989884	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DRYFUSS, JOHN A. JR., M.D. 7109 N.W. 11TH PLACE GAINESVILLE, FL 32601
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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000078138  
03/08/04-80015-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DRYFUSS, JOHN A. JR. 7109 N.W. 11TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DRYFUSS, MARGARET F 7109 N W 11TH PL GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: *Margaret Dryfuss* 2/29/04 (352) 332-1332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ORIGINAL**