2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 687203

1. Entity Name
H. JACK PYHEL, M.D., P.A.

Principal Place of Business	Mailing Address
1000 16TH STREET NORTH ST PETERSBURG, FL 33705	1000 16TH STREET NORTH ST PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE

02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2018141	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PYHEL, H. JACK
1000 16 ST. N.
ST PETERSBURG, FL 33705

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 _____
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, 2004 Fee will be $550.00

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

U00000058420
02/20/04-80029-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D	**TITLE**	
NAME	PYHEL, H JACK	**NAME**	
STREET ADDRESS	1000 16TH ST. N.	**STREET ADDRESS**	
CITY-ST-ZIP	ST PETERSBURG, FL	**CITY-ST-ZIP**	
TITLE	P	**TITLE**	
NAME	PYHEL, JACK H.	**NAME**	
STREET ADDRESS	1000 16TH ST. N.	**STREET ADDRESS**	
CITY-ST-ZIP	ST PETERSBURG, FL	**CITY-ST-ZIP**	
TITLE		**TITLE**	
NAME		**NAME**	
STREET ADDRESS		**STREET ADDRESS**	
CITY-ST-ZIP		**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: _____   2/13/04   (727) 822-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #