




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F00582 1. Entity Name REYNALDO L. DESCALSO, M.D., P.A.																																																																																																																	
Principal Place of Business 1299 WEST STRATFORD ROAD AVON PARK, FL 33825			Mailing Address 1299 WEST STRATFORD ROAD AVON PARK, FL 33825																																																																																																														
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country																																																																																																														
4. FEI Number 59-2029401				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent DESCALSO, REYNALDO L. 1299 WEST ATRATFORD ROAD AVON PARK, FL 33825			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DESCALSO, REYNALDO L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2700 W. CHARING ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>AVON PARK, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DESCALSO, LINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2700 W. CHARING ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>AVON PARK, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U000000106251</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>04/08/04-80008-005 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	DESCALSO, REYNALDO L.		STREET ADDRESS	2700 W. CHARING ROAD		CITY - ST - ZIP	AVON PARK, FL		TITLE	S	<input type="checkbox"/> Delete	NAME	DESCALSO, LINDA		STREET ADDRESS	2700 W. CHARING ROAD		CITY - ST - ZIP	AVON PARK, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	U000000106251	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	04/08/04-80008-005 150.00		STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  4/5/04 863 453 7579 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	