

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90049 019 ***150.00

DOCUMENT # F02000001325

1. Entity Name

PAUL PORTER SCHORR, D.O., P.A.



Principal Place of Business **DR PAUL P. SCHORR** Mailing Address

~~2060 5TH AVENUE NORTH~~ **PHYSICIAN & SURGEON, D.O., P.A.** ~~2060 5TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33711~~ **FAMILY PRACTICE** ~~ST. PETERSBURG FL 33713~~
2105 TYRONE BLVD.
ST PETERSBURG, FLORIDA 33710

J4000108



MOORE CR2E034 (11/03)

2. Principal Place of Business

2105 Tyrone Blvd No.

Suite, Apt. #, etc.

3. Mailing Address

2105 Tyrone Blvd No.

Suite, Apt. #, etc.

4. FEI Number

75-1727430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHORR, PAUL P

~~2060 5TH AVENUE NORTH~~

~~ST. PETERSBURG FL 33713~~

DR. PAUL P. SCHORR

PHYSICIAN & SURGEON, D.O., P.A.

FAMILY PRACTICE

2105 TYRONE BLVD.

ST PETERSBURG, FLORIDA 33710

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, 2004 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 DPST ☐ Delete

NAME SCHORR, PAUL P

STREET ADDRESS ~~2060 5TH AVENUE NORTH~~

CITY-ST-ZIP ~~ST. PETERSBURG FL 33713~~

TITLE **DR. PAUL P. SCHORR** ☐ Delete

NAME **PHYSICIAN & SURGEON, D.O., P.A.**

STREET ADDRESS **FAMILY PRACTICE**

CITY-ST-ZIP **2105 TYRONE BLVD.**

ST PETERSBURG, FLORIDA 33710

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

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

Date

Daytime Phone #