

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 12 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F04040

1. Entity Name
EARL BRITT, M.D., P.A.

Principal Place of Business
227 SOUTH CALHOUN ST
TALLAHASSEE, FL 32301-1805

Mailing Address
227 SOUTH CALHOUN ST
TALLAHASSEE, FL 32301-1805



02022004 No Chg-P CR2E034 (10/03) *MRS*

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2046387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A.
227 SOUTH CALHOUN ST
TALLAHASSEE, FL 32301

**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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRITT, EARL, M.D.
STREET ADDRESS 8915 BUCK LAKE RD
CITY-ST-ZIP TALLAHASSEE, FL

TITLE PST
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STREET ADDRESS 8915 BUCK LAKE RD
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100039532791
07/26/04--01063--010 **\$50.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Earl Britt
6/30/04

Date

Daytime Phone #