2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F59310

1. Entity Name

JOHN ODETTE, M.D., P.A.



FILED Feb 02, 2004 8:00 am Secretary of State

02-02-2004 90004 005 ***150.00

JOHN ODETTE, M.D.,P.A.

1260 South M.L. King Avenue, Suite D Clearwater, Florida 33756

JOHN ODETTE, M.D.,P.A.

1260 South M.L. King Avenue, Suite D

	Clearwate	er, Florida 33756			
Suite, Apt. #, etc. Suite, Apt. #, etc.		•	MOORE CR2E034 (11/03)		
City & State City & State			4. FEI Number 59-2152035	Applied For Not Applicable	
Zip Country	Zip	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHN ODETTE, M.D.,P.A. 1260 South M.L. King Avenue, Suite D Clearwater, Florida 33756		Street Addres City	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity of the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if approach. (NOT Remote a Agent signature required when reinstating) PATE PLE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution.					
JOHN ODETTE, M.	D.,P.A.	11.	ADDITIONS/CHANGES TO OFFICERS AND		
ITITLE 1260 South M.L. King Avenu Clearwater, Florida 337 STREET AF CITY-SI- JOHN ODETTE, M	756 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE 1260 South M.L. King Avenu Clearwater, Florida 33 Clearwater, Florida 33	ue, Suite D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME—— STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied wi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

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 artifythat 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 elegan 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

12704

777 44/9/4