

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90005 025 ***150.00

DOCUMENT # F65436

1. Entity Name
JAMES E. HYLER, M.D., P.A.



Principal Place of Business
**1259 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689-0719**

Mailing Address
**1259 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689-0719**

34056826

2. Principal Place of Business
789 CHESAPEAKE DR

3. Mailing Address
789 CHESAPEAKE DR



03142003 Chg-P CR2E034 (10/03)

City & State
TARPON SPRINGS FL

City & State
TARPON SPRINGS, FL

4. FEI Number
59-2154983

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ASBURY, LLOYD T
2207 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent
Name **JAMES E. HYLER M.D**

Street Address (P.O. Box Number is Not Acceptable)
789 CHESAPEAKE DR.

City **TARPON SPRINGS FL** Zip Code **34689**

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 **James E Hyler M.D.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HYLER, JAMES E 1259 SOUTH PINELLAS AV TARPON SPRINGS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hyler James E. 789 CHESAPEAKE DR TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

5-23-04

Date

934-6527

Daytime Phone #

Attachment

54056826
#F 65436

May 25, 2004

Fl Dept. of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Last year I had a change of address and I did not receive the 2004 Annual Report. I am sending a check for \$150.00 and I request an abatement of the penalty for late filing.

Thank you for your consideration of this request.

Sincerely,

James E. Hyler, M.D., P.A.

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