

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H36385

1. Entity Name
CHARLES R. ANTHONY, M.D., P.A.



Principal Place of Business
**5539 MARINE PARKWAY
P O BOX 1175
NEW PORT RICHEY, FL 34652**

Mailing Address
**6806 CECILIA DRIVE
P O BOX 1175
NEW PORT RICHEY, FL 34653**



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2479114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTHONY, CHARLES R. M.D.
5539 MARINE PARKWAY
NEW PORT RICHEY, FL 34652**

**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**

**000000062563
02/23/04-80127-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANTHONY, CHARLES R. M.D.
5539 MARINE PKWY
NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
EPTING, PATRICK L
6806 CECILIA DRIVE
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Charles R. Anthony M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES R. ANTHONY M.D.
2-18-04 727-841-8025**
Date Daytime Phone #