

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # H38747

1. Entity Name
JAKOV GAUTA, M.D., P.A.



Principal Place of Business
525 E. OLYMPIA AVE. #4
P.O. BOX 511208
PUNTA GORDA, FL 33951

Mailing Address
525 E. OLYMPIA AVE. #4
P.O. BOX 511208
PUNTA GORDA, FL 33951

DO NOT WRITE IN THIS SPACE



08092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2507768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAUTA, JAKOV
525 E. OLYMPIA AVE.
STE. 4 P.O. BOX 511208
PUNTA GORDA, FL 33951-1208

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GAUTA, JAKOV
525 E. OLYMPIA AVENUE, #4
PUNTA GORDA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000376790
08/22/05-80002-013 158.75

**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

Date

Daytime Phone #

Jakov Gauta, MD