

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90232 050 ***150.00

DOCUMENT # J95486

1. Entity Name
DIANNE M. JARDNO, M.D., P.A.



Principal Place of Business
**1921 WALDEMERE ST.
STE 613
SARASOTA, FL 34239 US**

Mailing Address
**1921 WALDEMERE ST.
STE 613
SARASOTA, FL 34239 US**

50020451



2. Principal Place of Business

2750 Stickney Point Rd

3. Mailing Address

2381 Fruitville Road

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

01172005

Chg-P

CR2E034 (10/03)

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-2841376

Applied For

Not Applicable

Zip

34231

Country

Zip

34237

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JARDNO, DIANNE
1921 WALDEMERE STR
STE 613
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name

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

2750 Stickney Point Road

City

SARASOTA

FL

Zip Code

34231

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, 2005 Fee will be \$550.00**

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
**PSTD
JARDNO, DIANNE
1921 WALDEMERE STREET STE 613
SARASOTA, FL 34239** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2750 Stickney Point Road
SARASOTA, FL 34231** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ 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, 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:

Dianne Jardno M.D.

JAN 24 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #