

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90571 029 ***150.00

DOCUMENT # K18505 1: Entity Name RODERICK M. FITZ-RANDOLPH, JR., M.D., P.A.			
Principal Place of Business 16618 VILLENDA DE AVILA TAMPA, FL 33613		Mailing Address 16618 VILLENDA DE AVILA TAMPA, FL 33613	
2: Principal Place of Business Suite, Apt., #, etc.:		3: Mailing Address Suite, Apt., #, etc.:	
City & State:		City & State:	
Zip:		Zip:	
4: FEI Number 59-2873834		Applied For ☐ Not Applicable	
5: Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6: Name and Address of Current Registered Agent FITZ-RANDOLPH, RODERICK M., JR 16618 VILLENDA DE AVILA TAMPA, FL 33613		7: Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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 file if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	
10: OFFICERS AND DIRECTORS		11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY:ST:ZIP	PVD FITZ-RANDOLPH, RODERICK 16618 VILLENDA DE AVILA TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY:ST:ZIP	☐ Delete
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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: <i>R.M. Fitz-Randolph, Jr.</i>		4/21/04 813-968-2330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone #	