

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L07153**

1. Entity Name

NORMA L. WAITE, M.D., P.A.



Principal Place of Business

C/O NORMA L. WAITE M.D.  
7479 CONROY ROAD, SUITE B  
ORLANDO, FL 32835

Mailing Address

C/O NORMA L. WAITE M.D.  
7479 CONROY ROAD, SUITE B  
ORLANDO, FL 32835



07292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2964189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAITE, NORMA L M.D.  
7479 CONROY ROAD  
SUITE B  
ORLANDO, FL 32835

**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

*Norma Waite M.D.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-4-04

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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	D
NAME	WAITE, NORMA L
STREET ADDRESS	7479 CONROY ROAD, SUITE B
CITY-ST-ZIP	ORLANDO, FL 32835

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000169757

08/09/04-80009-022 150.00

**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:**

*Norma Waite M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-04

Date

Daytime Phone #

407  
292 5007