


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90032 002 ***150.00

DOCUMENT # L29744 1. Entity Name ELAINE C. SHARP, M.D., P.A.	
--	---

Principal Place of Business 1329 COLLEG PKWY GULF BREEZE, FL 32561 US	Mailing Address PO BOX 449 CENTRALIA, IL 62801 US
---	---

54015349



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

01272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2975367	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent SHARP, ELAINE C 1329 COLLEGE PKWY PENSACOLA, FL 32501	7. Name and Address of New Registered Agent Name ELAINE SHARP Street Address (P.O. Box Number is Not Acceptable) 87 BAYBRIDGE PARK GULF BREEZE City FL Zip Code 32561
---	--

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, ELAINE C 1329 COLLEGE PKWY GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

ELAINE SHARP M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 President

Date

Daytime Phone #

**(550) 550-3854
(618) 918-0153**