

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

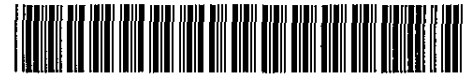
**DOCUMENT # L98916**

1. Entity Name  
**REQUE, INC.**



Principal Place of Business  
**37840 MEDICAL ARTS CT.  
ZEPHYRHILLS FL 33541**

Mailing Address  
**37840 MEDICAL ARTS CT.  
ZEPHYRHILLS FL 33541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

Zip

Country

Zip

Country

4. FEI Number  
**59-3034602**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSSBARD, LEE J.  
37840 MEDICAL ARTS CT  
ZEPHYRHILLS FL 33541**

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 (ide 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**  
**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MCTAGGART, JOHN D.**  
CITY-ST-ZIP **1612 CULBREATH ISLES DR  
TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME **U00000293989**  
STREET ADDRESS **04/08/05-80051-004 150.00**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHEEMA, PAVITAR S.**  
CITY-ST-ZIP **38023 MEDICAL CENTER AVE  
ZEPHYRHILLS FL 33540**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GROSSBARD, LEE J.**  
CITY-ST-ZIP **37840 MEDICAL ART CTR  
ZEPHYRHILLS FL 33541**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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CITY-ST-ZIP

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

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

**Lee J. Grossbard, M.D. 4-6-2005 813-788-556**

Date

Daytime Phone #