

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90024 039 \*\*\*\*70.00

**DOCUMENT # N99000001219**

1. Entity Name

ULTIMATE MEDICAL ACADEMY, INC.



Principal Place of Business

1218 COURT STREET, STE. B  
CLEARWATER FL 33756

Mailing Address

1218 COURT STREET, STE. B  
CLEARWATER FL 33756

2. Principal Place of Business

1218 Court Street

Suite, Apt. #, etc.

Suite C

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Address

1218 Court Street

Suite, Apt. #, etc.

Suite C

City & State

Clearwater, FL

Zip

33756

Country

USA

24022812



MOORE

CR2E037 (11/03)

4. FEI Number

59-3204135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANNION, ELIZABETH R  
1150 CLEVELAND ST., STE. 300  
CLEARWATER FL 33755

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FRY, DELORES M  
STREET ADDRESS 1218 COURT STREET, STE. A  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☐ Delete  
NAME FRY, ROBERT B  
STREET ADDRESS 1218 COURT STREET, STE. A  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☒ Delete  
NAME DELOACHE, BRADINE A  
STREET ADDRESS 1218 COURT STREET, SUITE C  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME Fry, Dolores M.  
STREET ADDRESS 1218 Court Street, Suite C  
CITY-ST-ZIP Clearwater, FL, 33756

TITLE D ☒ Change ☐ Addition  
NAME Fry, Robert B.  
STREET ADDRESS 1218 Court Street, Suite C  
CITY-ST-ZIP Clearwater, FL, 33756

TITLE D ☐ Change ☒ Addition  
NAME Lebowitz, Pete  
STREET ADDRESS 1218 Court Street, Suite C  
CITY-ST-ZIP Clearwater, FL, 33756

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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:

*Dolores M. Fry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores M. Fry

2-23-04

727 298 8685

Date

Daytime Phone #