2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000040375

1. Entity Name

JOHN A. FETCHERO, JR., D.O., P.A.



Principal Place of Business

Mailing Address

1542 KINGSLEY AVE.

SUITE 140 ORANGE PARK, FL 32073 2862 COUNTRY CLUB BLVD. ORANGE PARK, FL 32073 FILED Jan 16, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied

59-3645084

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FETCHERO, JOHN A JR. 2862 COUNTRY CLUB BLVD ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered of	ffice or registered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered Ager	nt signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		
HTLE NAME STREET ADDRESS CHY-ST-ZIP	D FETCHERO, JOHN A D.O. 2862 COUNTRY CLUB BLVD ORANGE PARK, FL 32073		,	U00000006023 01/16/04-80017-023 150.00
ITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETCHERO, WYNONA A 2862 COUNTRY CLUB BLVD ORANGE PARK, FL 32073			01/10/04-800[(-058 120 1 00)
TITLE NAME STREET ADDRESS DITY - ST - ZIP			DO	NOT WRITE
OTLE NAME Street Address Sity-St-Zip			IN '	THIS SPACE
ITLE IAME ITREET ADDRESS ITY-ST-ZIP				·
ITLE IAME TREET ADDRESS ITY-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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04

904.278-3820

Daytime Phone