

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 022 ***150.00

DOCUMENT # P00000042033

1. Entity Name

BAYSHORE ANESTHESIA, P.A.



Principal Place of Business

**4439 TURNBERRY PLACE
NICEVILLE FL 32578**

Mailing Address

**4243 OTTERLAKE COVE
NICEVILLE FL 32578**

2. Principal Place of Business

135 Secret Harbor Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Destin, FL

Zip
32550

Country
USA

Zip

Country



MOORE CR2E034 (4/04)

4. FEI Number
59-3642299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**- BROADERICK, ARTHUR PAUL
4439 TURNBERRY PLACE
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name
Broaderick, Arthur Paul
Street Address (P.O. Box Number is Not Acceptable)
135 Secret Harbor Dr
City
Destin **FL** Zip Code
32550

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

9.4.04

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROADERICK, ARTHUR P
4439 TURNBERRY PLACE
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Broaderick, Arthur P.
135 Secret Harbor Dr.
Destin, FL 32550** ☒ Change ☐ Addition

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

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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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 **Kathleen Broaderick - Kathleen Broaderick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.6.04 850.803.0351

Date

Daytime Phone #

Attachment

54072925
D000000 42033

9/6/04

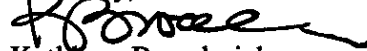
Bayshore Anesthesia, P.A.
135 Secret Harbor Dr
Destin, FL 32550

To Whom It May Concern:

I am writing to let you know that our company address changed earlier this year and we did not receive the original notification for the profit corporation annual report. We are submitting this form after speaking with your department today and am enclosing the \$150 fee.

Thank you.

Sincerely,



Kathleen Broaderick
Bayshore Anesthesia