


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|------------------------------|---------------------------------|---|--|-----------------------------------|
| DOCUMENT # P01000012619 | | | |  | |
| 1. Entity Name JOLITA KLEMENTAVICIENE, M.D., P.A. | | | | | |
| Principal Place of Business 85 BAYBRIDGE DRIVE GULF BREEZE FL 32561 US | | | Mailing Address 85 BAYBRIDGE DRIVE GULF BREEZE FL 32561 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3702462 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent KLEMENTAVICIENE, JOLITA MD 800 FT PICKEN RD, APT 1506 PENSACOLA BEACH FL 32561 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KLEMENTAVICIENE, JOLITA M.D. | | NAME | | |
| STREET ADDRESS | 85 BAYBRIDGE DRIVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | GULF BREEZE FL 32561 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |



MOORE CR2E034 (11/03)

4. FEI Number 59-3702462

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D ☐ Delete
NAME KLEMENTAVICIENE, JOLITA M.D.
STREET ADDRESS 85 BAYBRIDGE DRIVE
CITY - ST - ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100000044531
CITY - ST - ZIP 02/11/04-80022-024 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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)(f), 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

2/6/04 022-2000