


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90548 010 ***150.00

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 617 Bay Cliffs Rd. Suite, Apt. #, etc.		3. Mailing Address 617 Bay Cliffs Rd. Suite, Apt. #, etc.	
City & State Gulf Breeze, FL Zip 32561 Country USA		City & State Gulf Breeze, FL Zip 32561 Country U.S.A.	
4. FEI Number 59-3702462		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEMENTAVICIENE, JOLITA MD 800 ET PICKEN RD, APT 1306 PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 617 Bay Cliffs Road City Gulf Breeze FL Zip Code 32561	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D KLEMENTAVICIENE, JOLITA M.D. 85 BAYBRIDGE DRIVE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date April 28 2005 Daytime Phone # 850-932-2400	