

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000027227

1. Entity Name
MOUNT DORA FAMILY PRACTICE, P.A.



Principal Place of Business

**18540 N HWY 441
MT DORA, FL 32757**

Mailing Address

**18540 N HWY 441
MT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3705621

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYNCH, ROBERT D MD
18540 N. HWY 441
MOUNT DORA, FL 32757**

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000192234
01/25/05-80008-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LYNCH, ROBERT D MD
18540 N HWY 441
MOUNT DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Lynch, MD

Date

Daytime Phone

1/16/05

352 383