

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000034674

1. Entity Name

EDDIE A. NEGRON, M.D., P.A.



Principal Place of Business

**2000 LEWIS TURNER BLVD., STE. A
FT. WALTON BEACH, FL 32547**

Mailing Address

**2000 LEWIS TURNER BLVD., STE. A
FT. WALTON BEACH, FL 32547**

DO NOT WRITE IN THIS SPACE



04132004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3711212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, ALEXANDRA
66 INDIGO LOOP S.
DESTIN, FL 32550**

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

NEGRON, EDDIE A M.D.

STREET ADDRESS

2000 LEWIS TURNER BLVD., STE. A

CITY-ST-ZIP

FT. WALTON BEACH, FL 32547

TITLE

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

000000143331
04/30/04-80087-010 150.00

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IN THIS SPACE**

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:

Eddie A. Negron M.D. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 (850) 864-1771