

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000038477

1. Entity Name
JERROLD ECKLIND, D.O., P.A.



Principal Place of Business
**555 W. GRANADA BLVD
SUITE D-2
ORMOND BEACH, FL 32174**

Mailing Address
**555 W. GRANADA BLVD
SUITE D-2
ORMOND BEACH, FL 32174**



03182003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3710379** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHURRHMAN, RICHARD
1255 MASON AVE
DAYTONA BEACH, FL 32117**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **ECKLIND, JERROLD R**
STREET ADDRESS **1255 MASON AVENUE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE **V**
NAME **ECKLIND, YOLANDA R**
STREET ADDRESS **1255 MASON AVENUE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

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06/07/04-80003-006 150.00**

**DO NOT WRITE
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)(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

6-1-04 386 615-7300
Date Daytime Phone