

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000057491

1. Entity Name

FREDDIE L. MCRAE, M.D., P.A.



Principal Place of Business

1099 5TH AVENUE NORTH
ST. PETERSBURG, FL 33705

Mailing Address

1099 5TH AVENUE NORTH
ST. PETERSBURG, FL 33705



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3723735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000104813

11/11/04-000000-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCRAE, FREDDIE L M.D.
STREET ADDRESS 1099 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Freddie L. McRae, M.D.

3-29-04

717 8207756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Freddie L. McRae, M.D.