

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90016 017 ***150.00

DOCUMENT # P01000063402					
1. Entity Name NORTHWEST FLORIDA LASER AND SKIN CARE INSTITUTE, P.A.					
Principal Place of Business 5147 N. 9TH AVE., STE. 203 PENSACOLA, FL 32504			Mailing Address 5147 N. 9TH AVE., STE. 203 PENSACOLA, FL 32504		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3725538				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOCKAMP, KURT D 5147 N. 9TH AVE., STE. 203 PENSACOLA, FL 32504			Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐		\$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 STOCKAMP, KURT D 5147 N. 9TH AVE., STE. 203 PENSACOLA, FL 32504	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ 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 filers empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/23/04 Daytime Phone #: 850-476-6110			