


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

02-17-2004 90044 025 ***150.00

DOCUMENT # P0100067244

1. Entity Name
IRENE V. KARDASHIAN, M.D., P.A.



Principal Place of Business Mailing Address
13906 LAKESHORE BLVD, SUITE 230 **13906 LAKESHORE BLVD, SUITE 230**
HUDSON FL 34667 **HUDSON FL 34667**

66404149



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
14100 FIVAY RD. **14100 FIVAY RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 100 **STE. 100**

City & State City & State
HUDSON, FL 34667 **HUDSON, FL**

4. FEI Number Applied For
59-3726962 Not Applicable

Zip Country Zip Country
34667 **FL** **34667** **FL**

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

6. Name and Address of Current Registered Agent
BROTHELL AND COMPANY
5318 LINDER PL
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	KARDASHIAN, IRENE V
STREET ADDRESS	13906 LAKESHORE BLVD, SUITE 230
CITY-ST-ZIP	HUDSON FL 34667
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14100 FIVAY RD., STE. 100
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 I am empowered.

SIGNATURE: Irene Kardashian, MD Date: 2/23/04 Daytime Phone # _____