

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90090 014 ***150.00

DOCUMENT # P01000076541		
1. Entity Name GINA SEVIGNY, M.D., P.A.		

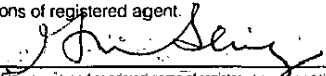
Principal Place of Business 51 RIVERIDGE TRAIL ORMOND BEACH, FL 32174	Mailing Address 51 RIVERIDGE TRAIL ORMOND BEACH, FL 32174
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2. Principal Place of Business 51 RIVER RIDGE TRAIL Suite, Apt. #, etc.	3. Mailing Address 51 RIVER RIDGE TRAIL Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3734457	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

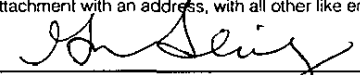
01272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SEVIGNY, GINA M MD 51 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  Gina M. Sevigny, MD	DATE 1-28-04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVIGNY, GINA MD 51 RIVERIDGE TRAIL ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVIGNY, GINA MD ☒ Change ☐ Addition 51 RIVER RIDGE TRAIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 like empowered.	
SIGNATURE:  Gina M. Sevigny, MD	DATE 1-28-04 (386)671-0284