

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90094 017 ***150.00

DOCUMENT # P01000094071

1. Entity Name

ROSS E. MCRONALD, M.D., P.A.



Principal Place of Business

9776 S. MILITARY TRAIL
SUITE D-2
BOYNTON BEACH FL 33436

Mailing Address

9776 S. MILITARY TRAIL
SUITE D-2
BOYNTON BEACH FL 33436

24022184



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5917 S. Congress Ave
Suite, Apt. #, etc.

3. Mailing Address

5917 S. Congress Ave
Suite, Apt. #, etc.

4. FEI Number

65-1139014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCRONALD, ROSS E M.D.
9776 S. MILITARY TRAIL
SUITE D-2
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name: ROSS E. MCRONALD M.D. PA
Street Address (P.O. Box Number is Not Acceptable):
5917 S. Congress Ave
City: Atlanta FL Zip Code: 33462

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]

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-04

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: D ☐ Delete
NAME: MCRONALD, ROSS E M.D.
STREET ADDRESS: 9776 S. MILITARY TRAIL SUITE D-2
CITY-ST-ZIP: BOYNTON BEACH FL 33436 *as above*

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

Date

Daytime Phone #

561
432-0001