

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-25-2004 90022 042 ***150.00

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1. Entity Name

JEFFREY B. COMITALO, M.D., P.A.



Principal Place of Business

8333 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32514

Mailing Address

3045 GRAYSTONE DR
PACE, FL 32571

66405289



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3756286

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MITCHELL, WILLIAM R.
3298 SUMMIT BOULEVARD, SUITE 29
JEFFERSON OFFICE PARK
PENSACOLA, FL 32503

**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 side if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COMITALO MD, JEFFREY B
STREET ADDRESS 8333 N DAVIS HWY 2ND FLOOR
CITY-ST-ZIP PENSACOLA, FL 32514

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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)(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 like empowered.

SIGNATURE: *Jeffrey B. Comitalo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5.04

850.474.8342

DATE

Daytime Phone #

Jeffrey Comitalo, MD