2005 FOR PROFIT CORPORATION

Apr 06, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-06-2005 90109 014 ***150.00 DOCUMENT # P02000001714 1. Entity Name JEFFREY E. RAHEB D.C., P.A. Principal Place of Business Mailing Address 40048435 6701 38TH AVENUE N 6701 38TH AVENUE N SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252005 CR2E034 (10/03) Chg-P City & State City & State 4. FF1 Number Applied For 60-0000739 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHEB, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) **6701 38TH AVENUE N** SAINT PETERSBURG, FL 33710 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD ☐ Delete TITLE TITLE **PTSB** XX Change ☐ Addition RAHEB, JEFFREY E NAME NAME Raheb, Jeffrey E 7211 10th Avenue N 6001-M LAKETREE LANE STREET ADDRESS STREET ADDRESS TAMPA, FL 33617 CITY-ST-ZIP CITY-ST-ZIP 33710 St Petersburg, MLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

Jeffrey E Raheb March 28, 2005 727-381-3456 SIGNATURE: Daytime Phone #