

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000035772

1. Entity Name
HERITAGE MEDCALL, INC.



Principal Place of Business
202 EAST VIRGINIA AVE
TAMPA, FL 33603

Mailing Address
202 EAST VIRGINIA AVE
TAMPA, FL 33603



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3036952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAREY, MICHAEL R
712 SOUTH OREGON AVE
TAMPA, FL 33606

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 D
NAME MUSSELMAN, DONALD R
STREET ADDRESS 1001 LOSILLAS DEAVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D
NAME MUSSELMAN, NORA G
STREET ADDRESS 1001 LOSILLAS DEAVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D
NAME THOMAS, JOHN
STREET ADDRESS 202 EAST VIRGINIA AVE
CITY-ST-ZIP TAMPA, FL 33603

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

050000146875
05/03/04-80080-007 150.00

**DO NOT WRITE
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)(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: D.R. Musselman

04-26-04

813-229-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #