

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90032 009 ***150.00

DOCUMENT # P02000035940

1. Entity Name
DR. EMILY L. SHEETS, P.A.



Principal Place of Business *4370 S. Tamiami Trail, Suite 180* Mailing Address *4370 S. Tamiami Trail, Suite 180*
~~2795-B NORTH BEACH ROAD~~ *Sarasota, FL 34231* ~~2795-B NORTH BEACH ROAD~~ *Sarasota, FL 34231*
~~ENGLEWOOD, FL 34223~~ *ENGLEWOOD, FL 34223*

J4040000



01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0580449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEETS, EMILY L
~~2795-B NORTH BEACH ROAD~~ *4370 S. Tamiami Tr., Ste 180*
~~ENGLEWOOD, FL 34223~~ *Sarasota, FL 34231*

**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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, EMILY L 2795-B NORTH BEACH ROAD ENGLEWOOD, FL 34223 <i>4370 S. Tamiami Trail, Suite 180</i> <i>Sarasota, FL 34231</i>
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**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: *x Emily Sheets*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04 *941-366-5556*
Daytime Phone #