

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90017 039 \*\*\*150.00

DOCUMENT # P02000079807

1. Entity Name

~~DIANNE B. SWALLOWS, CRNA, P.A.~~

~~DIANNE B. BAYER, CRNA, P.A.~~ **DB**



Principal Place of Business

1045 KINGSWAY LN  
TARPON SPRINGS FL 34689

Mailing Address

1045 KINGSWAY LN  
TARPON SPRINGS FL 34689

2. Principal Place of Business

1114 Dartford Dr.

Suite, Apt. #, etc.

3. Mailing Address

1114 Dartford Dr.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34688

Country

Pinellas

Zip

34688

Country

Pinellas

4. FEI Number

06-1641495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SWALLOWS, DIANNE B~~  
~~1045 KINGSWAY LN~~  
~~TARPON SPRINGS FL 34689~~

7. Name and Address of New Registered Agent

Name

~~Dianne B. Bayer~~ **(Dianne Y. Bayer)** **DB**

Street Address (P.O. Box Number is Not Acceptable)

1114 Dartford Drive

City

Tarpon Springs,

FL

Zip Code

34688

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

*Dianne Y. Bayer*

Dianne ~~B.~~ Bayer, Pres.

*2/13/04*

Signature, typed or printed name of registered agent and title 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**

**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 - P ☒ Delete  
NAME SWALLOWS, DIANNE B  
STREET ADDRESS 1045 KINGSWAY LN  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/D ☒ Change ☐ Addition  
NAME Dianne ~~B.~~ Bayer **(Dianne Y. Bayer)**  
STREET ADDRESS 1114 Dartford Drive  
CITY-ST-ZIP Tarpon Springs, FL 34688

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

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

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

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

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:

*Dianne Y. Bayer*

Dianne ~~B.~~ Bayer, Pres.

Date

Daytime Phone #

*2/13/04*

*727-937-1671*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR