

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000079947

1. Entity Name
CHINYERE R. NNADI, M.D., P.A.



Principal Place of Business
508 W MARTIN LUTHER KING JR, BLVD STE A
TAMPA, FL 33603

Mailing Address
508 W MARTIN LUTHER KING JR, BLVD STE A
TAMPA, FL 33603

FILED

04 OCT 26 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0737606	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

RUGG, JOSEPH W.N. ESQ
100 S ASHLEY DR STE 1500
TAMPA, FL 33602

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 NNADI, CHINYERE R M.D. 508 W MARTIN LUTHER KING JR, BLVD STE A TAMPA, FL 33603
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800042187588
10/26/04--01053--032 **550.00

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IN THIS SPACE**

10/28

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: CHINYERE ROSE NNADI 9/4/04 813 275 9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #