

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90013 047 ***150.00

DOCUMENT # P02000094493

1. Entry Name

DROR M. PELED, M.D., P.A.



Principal Place of Business

2650 COUNTRYSIDE BLVD C108
CLEARWATER FL 33761

Mailing Address

2650 COUNTRYSIDE BLVD C108
CLEARWATER FL 33761

2. Principal Place of Business

4929 Mile Street Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Same

Zip

34690

Country

Pasco

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

51-0423905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELED, DROR M MD
2650 COUNTRYSIDE BLVD C108
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 D ☐ Delete
NAME PELED, DROR M MD
STREET ADDRESS 2650 COUNTRYSIDE BLVD C108
CITY-ST-ZIP CLEARWATER FL 33761

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

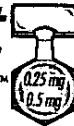
727 9442005

Daytime Phone #

Attachment

Doe
PO2000094493
54054204

Pulmicort
RESPULES
(budesonide inhalation suspension)



Florida Department of State

This Document

Received just few
days prior to the deadline
If I had known that
I had since January to pay
I would have paid earlier
Thanks for Consideration

CAUTION: ADRENAL INSUFFICIENCY MAY OCCUR WHEN
TRANSFERRING PATIENTS FROM SYSTEMIC CORTICOSTEROIDS
(see WARNINGS in accompanying full Prescribing Information).

Dora Peled MD

201863