


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90009 034 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P02000097393 1. Entity Name DR. HELEN RYMASZEWSKI, P.A. | |  | |
| Principal Place of Business 2231 NORTH UNIVERSITY DRIVE SUITE C HOLLYWOOD FL 33024 Pembroke Pines, FL | | Mailing Address 2101 SOUTH OCEAN DRIVE 2231 NORTH UNIVERSITY DRIVE SUITE C SUITE LP 2703 HOLLYWOOD FL 33019 | |
| 2. Principal Place of Business 2231 North University Drive, Suite C Pembroke Pines, FL 33024 Suite, Apt. #, etc. SUITE C | | 3. Mailing Address 2101 SOUTH OCEAN DRIVE, SUITE LP 2703 HOLLYWOOD, FL 33019 Suite, Apt. #, etc. SUITE LP 2703 | |
| City & State Pembroke Pines, FL | | City & State HOLLYWOOD, FL | |
| Zip 33024... | | Zip 33019 | |
| Country BROWARD | | Country BROWARD | |
| 4. FEI Number 05-0533841 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KULATZ, CONRAD S TRAIL-LAWYERS-BUILDING 633 SOUTHEAST THIRD AVENUE, SUITE 4R FORT LAUDERDALE FL 33301 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | |
| 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 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RYMASZEWSKI, HELEN 2101 S. OCEAN DR 2703 HOLLYWOOD FL 33019 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Dr. Helen Rymaszewski, P.A.</u> | | <u>5/13/04</u> <u>954 929 0859</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |