

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 002 ***150.00

DOCUMENT # P02000101390

1. Entity Name

R. DAVID SHEPARD, M.D., P.A.



Principal Place of Business

4620 N. HABANA AVENUE
SUITE 202
TAMPA FL 33614

Mailing Address

4620 N. HABANA AVENUE
SUITE 202
TAMPA FL 33614

2. Principal Place of Business

4224 N. Tampa Ave

3. Mailing Address

4224 Tampa Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

US

Zip

33607

Country

US

4. FEI Number

46-0496781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, R. DAVID
4620 N. HABANA AVENUE
SUITE 202
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name - Shepard, R. David

Street Address (P.O. Box Number is Not Acceptable)
4224 Tampa Ave.

City - Tampa

FL

Zip Code
33607

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, 2005 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 SHEPARD, R. DAVID
STREET ADDRESS 4620 N. HABANA AVENUE SUITE 202
CITY-ST-ZIP TAMPA FL 33614

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
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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: *R. David Shepard*

R. David Shepard

President

2/4/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #