

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90035 021 \*\*\*150.00

**DOCUMENT # P03000013982**

**1. Entity Name**

LUCY C. LOVE, M.D., P.A.



**Principal Place of Business**

1612 CULBREATH ISLES DR.  
TAMPA FL 33629

**Mailing Address**

1612 CULBREATH ISLES DR.  
TAMPA FL 33629

**2. Principal Place of Business**

3000 EAST FLETCHER AVENUE

Suite, Apt. #, etc.

SUITE 230

City & State

TAMPA, FL

Zip

33613

Country

USA

**3. Mailing Address**

3000 EAST FLETCHER AVENUE

Suite, Apt. #, etc.

SUITE 230

City & State

TAMPA, FL

Zip

33613

Country

USA



MOORE

CR2E034 (11/03)

**4. FEI Number**

01-0766860

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

GASSMAN, ALAN S ESQ.  
1245 COURT ST., STE. 102  
CLEARWATER FL 33756

**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** LOVE, LUCY C  
**STREET ADDRESS** 1612 CULBREATH ISLES DR.  
**CITY- ST- ZIP** TAMPA FL 33629

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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**NAME**  
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**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  
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**STREET ADDRESS**  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #