

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90024 048 ***150.00

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1. Entity Name

HOLLSTROM CENTER FOR BACK & NECK PAIN, INC.



Principal Place of Business

**5288 SEMINOLE BOULEVARD
ST. PETERSBURG FL 33708**

Mailing Address

**9941 SAGO POINT DRIVE
LARGO FL 33777**

2. Principal Place of Business

5288 Seminole Blvd.

Suite, Apt. #, etc.

3. Mailing Address

9941 Sago Point Drive

Suite, Apt. #, etc.

City & State

St. Petersburg, FL.

City & State

Largo, FL.

4. FEI Number

86-1050688

Applied For

Not Applicable

Zip

33708

Country

United States

Zip

33777

Country

United States

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DR** ☐ Delete
NAME **HOLLSTROM, GREGORY V II**
STREET ADDRESS **9941 SAGO POINT DRIVE**
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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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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

3/21/05 727-391-4300
Date Daytime Phone #