

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 045 ***158.75

DOCUMENT # P03000020883

1. Entity Name
MIHAELA IONESCU, M.D., P.A.



Principal Place of Business
**2021 KINGSLEY AVE
SUITE 101
ORANGE PARK, FL 32073 US**

Mailing Address
**C/O DAVID A KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

05-0559140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IONESCU, MIHAELA
~~2021 KINGSLEY AVE~~
~~ORANGE PARK, FL 32073~~**

Name

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

2021 Kingsley Avenue

Suite 101

City

Orange Park,

FL

Zip Code

32073

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

X Mihaela Ionescu

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when mandating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **IONESCU, MIHAELA MD**
STREET ADDRESS **2021 KINGSLEY AVE SUITE 101**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: *X Mihaela Ionescu* **mihaela Ionescu**

(904) 864-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemptions Photo *

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.