

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90321 001 ***750.00

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03222005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3692139** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P03000023760

1. Entity Name
CHRISTOPHER J. STANLEY, M.D., P.A.



Principal Place of Business
**311 N. CLYDE MORRIS BLVD.
NO. 180
DAYTONA BEACH, FL 32114**

Mailing Address
**311 N. CLYDE MORRIS BLVD.
NO. 180
DAYTONA BEACH, FL 32114**

2. Principal Place of Business
1890 LPGA Blvd.

3. Mailing Address
1890 LPGA Blvd.

Suite, Apt. #, etc.
Ste #160

Suite, Apt. #, etc.
Ste #160

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32117

Country

Zip
32117

Country

6. Name and Address of Current Registered Agent

**SNELL, GREGORY D ESQ.
222 SEABREEZE BOULEVARD
DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent

Name **Snell, Gregory**
Street Address (P.O. Box Number is Not Acceptable) **100 West Granada Br**
St #107
City **Orlando Bch FL** Zip Code **32174**

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **STANLEY, CHRISTOPHER J**
STREET ADDRESS **311 N. CLYDE MORRIS BLVD. #180**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☒ Change ☐ Addition
NAME **1890 LPGA Blvd. Ste #160**
STREET ADDRESS **Daytona Beach, FL 32117**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *** [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*** 312865 306-252-4701**