

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 050 ***158.75

DOCUMENT # P03000058565

1. Entity Name
DAVID R. GILCHRIST, P.A.



Principal Place of Business
**4859 HIBBS GROVE WAY
COOPER CITY, FL 33330**

Mailing Address
**4859 HIBBS GROVE WAY
COOPER CITY, FL 33330**

54015251



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03012004 Chg-P CR2E034 (10/03)

4. FEI Number
86-1068726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GILCHRIST, DAVID
3095 PERRIWINKLE
DAVIE, FL 33328**

7. Name and Address of New Registered Agent

Name **DAVID GILCHRIST**

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

4859 Hibbs Grove Way

City **Cooper City**

FL Zip Code **33330**

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 **David R. Gilchrist D.O.**

[Signature]

3/2/04

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**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D			
	GILCHRIST, DAVID R			
	3095 PERRIWINKLE			
	DAVIE, FL 33328			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D			
	DAVID R. GILCHRIST			
	4859 Hibbs Grove Way			
	Cooper City, FL 33330			

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: **David R. Gilchrist**

3/2/04

(954) 680-4559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #