

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-05-2004 90012 036 ***150.00

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| DOCUMENT # P03000067797 1. Entity Name CHARLES F. SIEBERT, JR., M.D., P.A. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3737 FRANKFORD AVENUE PANAMA CITY, FL 32405 | | Mailing Address POST OFFICE BOX 986 LARGO, FL 33779 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 1385 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State LYNN HAVEN FL | | 4. FEI Number 55-0836624 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33444 | | Country USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Name and Address of Current Registered Agent SIEBERT, CHARLES F JR. 3737 FRANKFORD AVENUE PANAMA CITY, FL 32405 | | 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT CHARLES F SIEBERT JR PO BOX 1385 LYNN HAVEN FL 32444 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP PRESIDENT CHARLES F SIEBERT JR PO BOX 1385 LYNN HAVEN FL 32444 | <input type="checkbox"/> Delete | | | | | | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: | | 03-31-04 850 747 5740 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | |