
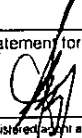



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-05-2004 90021 007 ***150.00

DOCUMENT # P03000077096			
1. Entity Name WEST COAST PSYCHIATRY, P.A.			
Principal Place of Business 750 N. TAMIAMI UNIT #311 SARASOTA FL 34236		Mailing Address 750 N. TAMIAMI UNIT #311 SARASOTA FL 34236	
2. Principal Place of Business 750 N. TAMIAMI TR		3. Mailing Address	
Suite, Apt. #, etc. #311		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State FLORIDA	
Zip 34236	Country USA	Zip	Country
5. Name and Address of Current Registered Agent RETFALVI, PAUL 750 N. TAMIAMI UNIT #311 SARASOTA FL 34236		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 2/25/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT PAUL RETFALVI, MD 750 N. TAMIAMI TR #311 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 2/25/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66413619



MOORE CR2E034 (11/03)

4. FEI Number
11-371 6686

Applied For
Not Applicable

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