

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 001 ***150.00

DOCUMENT # P03000084285

1. Entity Name

THOMAS B. MULFORD, M.D., P.A.



Principal Place of Business

1100 S. E. 11 COURT
FT. LAUDERDALE FL 33316

Mailing Address

1100 S. E. 11 COURT
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0125772

Applied For

Not Applicable

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

MULFORD, THOMAS B
1100 S. E. 11 COURT
FT. LAUDERDALE FL 33316

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

Thomas B. Mulford, M.D., P.A.

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

(NOTE: Registered Agent signature required when reinstating)

Jan 29, 2004

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MULFORD, THOMAS B
STREET ADDRESS 1100 S. E. 11 COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33316

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Thomas B. Mulford, M.D., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2004

Date

(954) 764-6147

Daytime Phone #