

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-10-2004 90003 041 ***150.00

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1. Entity Name
INDIAN RIVER PHYSICIANS ASSISTANTS, P.A.



Principal Place of Business
**274 MAIN STREET
SEBASTIAN, FL 32958**

Mailing Address
**274 MAIN STREET
SEBASTIAN, FL 32958**

24079410



07052004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0164842 201212 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCERO, MARK M.
274 MAIN STREET
SEBASTIAN, FL 32958**

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 Mark M. Lucero
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/20/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐ Delete
	Vice President			☒ Delete
	Trent Brister	3353 63rd Square	Vero Beach, FL 32966	
				☐ Delete
	Secretary			☒ Delete
	Trent Brister	3353 63rd Square	Vero Beach FL 32966	
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
President	Mark M. Lucero	274 Main St	Sebastian, FL 32958	☐ Change ☐ Addition
Vice President	Mark Lucero	274 Main St	Sebastian FL 32958	☒ Change ☐ Addition
Treasurer	Mark M. Lucero	274 Main St	Sebastian FL 32958	☐ Change ☐ Addition
Secretary	Mark M. Lucero	274 Main St	Sebastian FL 32958	☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ 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: Mark M. Lucero President 7/20/04 772-581-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #