

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000088744

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90163 038 ***150.00



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0164842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUCERO, MARK M
274 MAIN STREET
SEBASTIAN, FL 32958

**DO NOT WRITE
IN THIS SPACE**

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

Mark M. Lucero Pres

4/20/05

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

(NOTE- Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
P
LUCERO, MARK M
274 MAIN ST
SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LUCERO, MARK
274 MAIN ST
SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LUCERO, MARK M
274 MAIN ST
SEBASTIAN, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LUCERO, MARK M
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Mark M. Lucero

4/20/05 772-581-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #