


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90061 008 ***150.00

DOCUMENT # P03000090792 1. Entity Name PHYSICIANS HEALTHCARE PROFESSIONALS OF FLORIDA, INC.					
Principal Place of Business 1107 W MARION AVE STE 116 PUNTA GORDA, FL 33950			Mailing Address 1107 W MARION AVE STE 116 PUNTA GORDA, FL 33950		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDENBERGER, THERESA A 1107 W MARION AVE STE 116 PUNTA GORDA, FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDENBERGER, THERESA A		NAME		
STREET ADDRESS	1107 W MARION AVE STE 116		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Theresa A. Lindemberger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/13/04</i> <small>Daytime Phone #</small>		

24002093



01132004 Chg-P CR2E034 (10/03)

4. FEI Number **770598453** Applied For Not Applicable

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

FL Zip Code

941-637-1076