

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

01-30-2004 90075 034 ***150.00

DOCUMENT # P03000106202

1. Entity Name
JOHN J. GREEN, D.O., P.A.



Principal Place of Business
**16966 COLONY LAKES BLVD
FT MYERS, FL 33908**

Mailing Address
**16966 COLONY LAKES BLVD
FT MYERS, FL 33908**

66401978



2. Principal Place of Business
14171 Metropolis Avenue

3. Mailing Address
15880 Summerlin Road

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
PMB 207

01212004 Chg-P CR2E034 (10/03)

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number
16-1685509

Applied For
Not Applicable

Zip
33912

Country
USA

Zip
33908

Country
USA

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

**GREEN, JOHN J D.O.
16966 COLONY LAKES BLVD
FT MYERS, FL 33908**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREEN, JOHN N D.O.
16966 COLONY LAKES BLVD
FT MYERS, FL 33908**

TITLE
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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 when an address, with all other like empowered.

SIGNATURE:

John J. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 239-332-4099