

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/6/

FILED
Jun 18, 2004 8:00 am
Secretary of State

05-06-2004 90159 023 ***150.00

66428491



04132004 Chg-P CR2E034 (10/03)

4. FEI Number **65-120 7703** Applied For
Not Applicable

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

DOCUMENT # P03000115867

1. Entity Name
VICTOR BALTA, M.D., P.A.



Principal Place of Business
**THE ARCADE BUILDING
101 N US 1, STE 216
FORT PIERCE, FL 34950**

Mailing Address
**THE ARCADE BUILDING
101 N US 1, STE 216
FORT PIERCE, FL 34950**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**BALTA, VICTOR
THE ARCADE BUILDING
101 N US 1, STE 216
FORT PIERCE, FL 34950**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPST BALTA, VICTOR 101 N US 1 STE 215 FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 with an address, with all other like empowered.

SIGNATURE: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #