

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90167 008 ***150.00

DOCUMENT # P03000144721

1. Entity Name
FLORIDA MEDICAL OBSERVATION ASSOCIATES, P.A.



Principal Place of Business
**1051 WINDERLEY PL STE 103
MAITLAND, FL 32751**

Mailing Address
**1051 WINDERLEY PL STE 103
MAITLAND, FL 32751**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0956865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINSTRY, EARL ESQ
1051 WINDERLEY PL STE 103
MAITLAND, FL 32751**

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

**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	D
NAME	GARDNER, BRENT F M D
STREET ADDRESS	1051 WINDERLEY PL STE 103
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	D
NAME	CHAN, KAHANG L M D
STREET ADDRESS	1051 WINDERLEY PL STE 103
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	D
NAME	FRIESTAD, WAYNE M D
STREET ADDRESS	1051 WINDERLEY PL STE 103
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/05** Daytime Phone # _____