

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 19, 2005 8:00 am
Secretary of State

03-22-2005 90009 045 ***150.00

DOCUMENT # P03000153198		
1. Entity Name THOMAS J. MANSKI, M.D., P.A.		
Principal Place of Business 350 RACETRACK RD N.W. FT WALTON BEACH, FL 32547	Mailing Address 350 RACETRACK RD N.W. FT WALTON BEACH, FL 32547	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent BROWN, ALEXANDRA 308 SAND MYRTLE TRAIL DESIGN, FL 32541		DO NOT WRITE IN THIS SPACE
9. 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 Agents signature required when renewing) 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	D. MANSKI, THOMAS J MD 350 RACETRACK RD N.W. FT WALTON BEACH, FL 32547	
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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)(f), 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 807, 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: <u>Thomas J. Manski</u> Thomas J. Manski		Date <u>4/13/05</u> (250) 863-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0497040	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**