

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90348 039 ***150.00

DOCUMENT # P04000039645

1. Entity Name
N.J. GUZMAN, M.D., P.A.



Principal Place of Business
1001 WILLOW RUN STREET
CLERMONT, FL 34715

Mailing Address
1001 WILLOW RUN STREET
CLERMONT, FL 34715

W00000116



2. Principal Place of Business
Lagos Pediatric Care
Suite, Apt. #, etc.
104 E Cherry Street
City & State
Groveland, FL
Zip
34736
Country
USA

3. Mailing Address
Lagos Pediatric Care
Suite, Apt. #, etc.
104 E Cherry Street
City & State
Groveland, FL
Zip
34736
Country
USA

03032005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2440844
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

W&P SERVICES, INC.
1936 LEE ROAD, SUITE 101
WINTER PARK, FL 32789

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 _____
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, 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** ☐ Delete
NAME **GUZMAN, NORMA J M.D.**
STREET ADDRESS **1001 WILLOW RUN STREET**
CITY-ST-ZIP **CLERMONT, FL 34715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Guzman, Norma J M.D.**
STREET ADDRESS **1001 Willow Run Street**
CITY-ST-ZIP **Minneapolis, FL 34715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Norma J. Guzman* (Norma J. Guzman, M.D.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2005
Date

(352) 429-7879
Daytime Phone #