

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90057 009 ***150.00

DOCUMENT # P04000044386

1. Entity Name
COQUELET & PUNGER FAMILY MEDICINE, P.A.



Principal Place of Business
**4640 S 25 ST
FT PIERCE, FL 34981**

Mailing Address
**4640 S 25 ST
FT PIERCE, FL 34981**

50030342



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0856727

Applied For
Not Applicable

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

**DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE STE 1500
ORLANDO, FL 32803**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
COQUELET, JUAN G D.O.
14 GABLES DR SE
ROME, GA 30161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
104 NW Berkeley Avenue
Port St. Lucie, FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
PUNGER, DENISE L M.D.
14 GABLES DRIVE S.E.
ROME, GA 30161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
104 NW Berkeley Avenue
Port St. Lucie, FL 34986

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Daytime Phone #

3/24/05