

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 045 ***150.00

DOCUMENT # P06000014298

1. Entity Name
MICHELLE S. PAGE, M.D., P.A.



Principal Place of Business
115 MOUNT PILOT STREET
CANTONMENT, FL 32533 US

Mailing Address
115 MOUNT PILOT STREET
CANTONMENT, FL 32533 US

40119256



2. Principal Place of Business - No P.O. Box #

4286 Woodbine Road

3. Mailing Address

4286 Woodbine Road

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Pace, FL

City & State

Pace, FL

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

05242007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4259117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLIAM, THOMAS J JR.
226 PALAFOX PLACE
NINTH FLOOR
PENSACOLA, FL 32502

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME PAGE, MICHELLE S M.D.
STREET ADDRESS 115 MOUNT PILOT STREET
CITY- ST- ZIP CANTONMENT, FL 32533

☐ Delete

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Page, Michelle S, MD
STREET ADDRESS 4286 Woodbine Road, Suite D
CITY- ST- ZIP Pace, FL 32571

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle S Page 5/30/07 (350) 324-6700

Date

Daytime Phone

ATTACHMENT

Pace Pediatrics

40119256
P06 0000 14298

Michelle S. Page, M.D., P.A.

4286 Woodbine Road
Suite D

Pace, Florida 32571

telephone (850) 995-8600 - fax (850) 995-9070

pacepediatrics@bellsouth.net

RE: 2007 Annual Report – Michelle S. Page, MD, PA

FEI # 20-4259117

To Whom It May Concern:

Please accept this report as my filing for our 2007 Annual Report. Enclosed is the \$150.00 fee payment. We tried to file the report on May 1, 2007, at www.sunbiz.org with no success. We tried at least 40 times from 8 am through 11 pm and every time received error messages (CGI Timeout) and sorry system unavailable messages. We tried the link to download the form and submit manually and received the same messages. We tried to call 1-850-245-6056 annual report help and could only get a busy signal. We tried to call 1-850-245-6939 and could only get a busy signal. We tried to click the annual report help link and got the same above error messages.

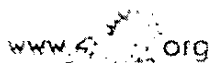
On May 2, 2007 at 9 am, was able to speak with a representative at 1-850-245-6056. She stated that once I could get into the system, print off the form and file the report with the \$150.00 manually. The Department would be processing the forms over the next few weeks.

If I can be of any further assistance, please contact me.

Sincerely,



Todd Page
Business Manager



ATTACHMENT
40119256
Division of Corporations

Annual Report

Annual Report Help

Document Number

P06000014298

Business Entity Name

MICHELLE S. PAGE, M.D., P.A.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 204259117

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 4286 Woodbine Road
Suite, Apt. #, etc. Suite D
City, State Pace, FL
Zip Code & Country 32571 US

Mailing Address

Address 4286 Woodbine Road
Suite, Apt. #, etc. Suite D
City, State Pace, FL
Zip Code & Country 32571 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) GILLIAM, THOMAS, J., JR.

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 226 PALAFOX PLACE

Suite, Apt. #, etc. NINTH FLOOR

City, State PENSACOLA, FL

Zip Code & Country

32502

40119256
#PC6000014298

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers directors. If more than 6 officers directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) PAGE MICHELLE S M.D.

- OR -

Entity Name to serve as
Officer/Director

Street Address 115 MOUNT PILOT STREET
City, State CANTONMENT FL
Zip Code & Country 32533 US

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

P

Officer/Director Signature Michelle S. Page



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that

Division of Corporations

ATTACHMENT

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the facts stated herein are true.

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[Annual Report Help](#)