

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90100 035 ***150.00

DOCUMENT # P92000007329

1. Entity Name
S. WALLIS PINSLEY, D.O., P.A.



Principal Place of Business
2290 10TH AVE N, SUTIE 205
SUITE #605
LAKE WORTH, FL 33461 US

Mailing Address
2290 10TH AVE N, SUTIE 205
SUITE #605
LAKE WORTH, FL 33461 US

94006866



2. Principal Place of Business
1325 S. CONGRESS AVE
Suite, Apt. #, etc.
207

3. Mailing Address
1325 S. CONGRESS AVE
Suite, Apt. #, etc.
207

01272004 Chg-P CR2E034 (10/03)

City & State
BOYNTON BEACH FL
Zip
33426
Country
USA

City & State
BOYNTON BEACH FL
Zip
33426
Country
USA

4. FEI Number
65-0376883
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

PINSLEY, DR. SHERRI W
2290 10TH AVE N, SUTIE 205
LAKE WORTH, FL 33461

Name
Street Address (P.O. Box Number is Not Acceptable)
1325 S. CONGRESS AVE # 207
City BOYNTON BEACH FL Zip Code 33426

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D
NAME PINSLEY, SHERRY W DRS
STREET ADDRESS 1325 SO. CONGRESS AVE., STE 207
CITY-ST-ZIP BOYNTON BEACH, FL 33426

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CITY-ST-ZIP

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 #

1/27/04 561 7525776