2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2004 08:00 AM DOCUMENT # P92000010664 **Secretary of State** 1. Entity Name H.D. WASSEL, M.D., P.A. Mailing Address Principal Place of Business 6675 38TH AVE., N. 6675 38TH AVE., N. SUITE 103 SUITE 103 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apr # etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3153769 Not Applicable Zφ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASSEL, HARRY D Street Address (P.O. Box Number is Not Acceptable) 6675 38TH AVE., N. SUITE 103 ST, PETERSBURG FL 33710 City 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MLE D ☐ Delete THLE ☐ Change Addition WASSEL, HARRY D MAME MAKE U00000017716 STREET ADDRESS STREET ADDRESS 6675 38TH AVE, N., SUITE 103 01/28/04-80107-004 150.00 ST. PETERSBURG FL 33710 CITY-SI-ZIP CITY -ST-ZXP ☐ Change TITLE Delete 71717 Addition NAME NAME: STREET ACCRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Change Addition 76717 ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS City-St-ZIP CXTY-ST-ZIP BILE ☐ Delete TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP THILE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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.

**FILED** 

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