

FILED

Feb 04, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000018340

1. Entity Name

THOMAS J. SANDERS, M.D., P.A.



Principal Place of Business

616 N PALMETTO STREET
LEESBURG, FL 34748

Mailing Address

C/O ROBERT R. CYRUS
P.O. BOX 491635
LEESBURG, FL 34749-635 US

01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3155754Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R
214-A N THIRD STREET
LEESBURG, FL 34748**DO NOT WRITE
IN THIS SPACE**

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 initiating)

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

TITLE	D
NAME	SANDERS, THOMAS J
STREET ADDRESS	616 N PALMETTO STREET
CITY-ST-ZIP	LEESBURG, FL 34748

TITLE	PST
NAME	SANDERS, THOMAS J
STREET ADDRESS	616 N. PALMETTO STREET
CITY-ST-ZIP	LEESBURG, FL 34748

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**000000036404
02/05/04-00057-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2/02/04

752/
787-4567