

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90011 013 ***150.00

DOCUMENT # P93000072372

1. Entity Name

WEST PASCO OBSTETRICS AND GYNCOLOGY CENTER,
P.A.

Principal Place of Business

13908 LAKESHORE BLVD.
SUITE 250
HUDSON FL 34667

Mailing Address

23 E. TARPON AVE.
27 E ORANGE STR
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

13908 LAKESHORE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

A 250

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

FL

Zip

34667

Country

USA

Zip

Country

4. FEI Number

59-3212281

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMBRUSTER, THOMAS J
13908 LAKESHORE BLVD.
SUITE 250
HUDSON FL 34667

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 State if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	ARMBRUSTER, THOMAS J	13908 LAKESHORE BLVD. STE. 250	HUDSON FL 34667	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

5/16/04

727-868-9557



Attachment 24075449
P930000 72372

George N. Klimis, P.A.

George N. Klimis, Esquire
27 E. Orange Street
Tarpon Springs, Florida 34689
Ph: 727.943.9551 * Fx: 727.943.9081
e-mail: gpa8@tampabay.rr.com

Certified Return Receipt: #: 7003 3110 0004 1783 7124

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32314

May 9, 2004

Re: **West Pasco Obstetrics & Gynecology Center, P.A. - Doc #: P93000072372**
2004 For Profit Corporation Annual Report

Dear Sir/Madam:

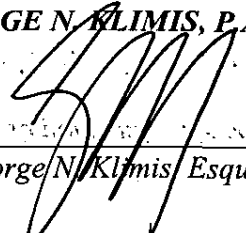
I represent West Pasco Obstetrics & Gynecology Center, P.A. Please find enclosed their 2004 Annual Report and their corporate check # 11583 in the amount of \$150.00, required for filing.

Dr. Armbruster became a client of mine in 1993 when I formed his corporation. Since then, he has made it a priority to file his corporation's annual report in a timely manner. I am therefore respectfully requesting you waive the late fee for this year's filing. Dr. Armbruster is a very conscientious businessman and I believe him when he stated that he was not aware that his office received this year's report. Please note, also, that his office moved and that could have contributed to his office not receiving this year's annual report as they have expressed difficulty in receiving their mail.

I thank you for your consideration in this matter. Should you have any questions, please feel free to contact me.

Sincerely,

GEORGE N. KLIMIS, P.A.

By 
George N. Klimis Esquire

GNK/mw
Enclosure as referenced in letter