

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90001 017 \*\*\*150.00

**DOCUMENT # P93000072372**

1. Entity Name  
**WEST PASCO OBSTETRICS AND GYNECOLOGY  
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**

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

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**

**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

*Thomas J. Armbruster*

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  
After May 1, 2005 Fee will be \$550.00**

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  
**D  
ARMBRUSTER, THOMAS J  
13908 LAKESHORE BLVD. STE. 250  
HUDSON, FL 34667**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

*Thomas J. Armbruster*

Date

Daytime Phone #

6/9/05 727-868-9551

ATTACHMENT 40088834

#P93 000072372

**Thomas J. Armbruster, M.D., FACOG**

Obstetrics, Gynecology and Infertility

Lowbuck may concern,

6/7/05

My office manager left during the middle of night with no notice. I'm presently going through my papers and bills and found this. I have little money left and would request that I only pay 150. dollars. I have never been late prior and due to mitigating circumstances. Ask that the late fee be waived. Thank you and I appreciate your concern, as it will not happen in the future.

Severly  
Lowbuck