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Apr 24 06 11:59a Mocullough & Gregory

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FILED
Apr 27, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000000526

1. Entity Name
PALMS HEART CENTER, P.A.



Principal Place of Business

**2626 STATE RD. 584
SUITE 104
PALM HARBOR, FL 34684**

Mailing Address

**2626 STATE RD 584
SUITE 104
PALM HARBOR, FL 34684**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Filer Number
59-3216465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, RICHARD O
200 CENTRAL AVE
SUITE 1600
ST PETERSBURG, FL 33701**

**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 filer if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
ABBOTT, NORMAN S
STREET ADDRESS
2626 STATE RD 584 STE 104
CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**U00000540150
05/10/06-80006-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 registered 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, without other being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone no.

4-24-06 727-787-4875