


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000047464	
1. Entity Name THE GILMORE NEW LIFE CLINIC OF PINELLAS COUNTY, INC.	

Principal Place of Business 6500-38TH AVE N ST PETE, FL 33710 US	Mailing Address 5500 38 AVENUE, N ST. PETERSBURG, FL 33710 US
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3253698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURTON, DARLENE 5500 38TH AVENUE, N ST. PETERSBURG, FL 33710
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IN THIS SPACE**

6. 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 file if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000109676
04/12/04-00053-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BURTON, DARLENE
STREET ADDRESS	5500 - 38 AVE N.
CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	BURTON, WILLIAM C
STREET ADDRESS	5500 - 38 AVE N.
CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	GILMORE, DAVID S
STREET ADDRESS	3660 BROADWAY
CITY - ST - ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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: *Darlene Burton* **DARLENE BURTON** **4-8-04** **727-381-7867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #