

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90001 031 ***150.00

DOCUMENT # P94000053188

1. Entity Name

EARL W. MCALLISTER, M.D., P.A.



Principal Place of Business

13801 BRUCE B. DOWNS
SUITE 506
TAMPA, FL 33613 US

Mailing Address

13801 BRUCE B DOWNS
SUITE 506
TAMPA, FL 33613 US

54058770



06182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3255327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

R. JAMES ROBBINS, JR.
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602-0000

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	P MCALLISTER, EARL W 561 RIVIERA DRIVE TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

6/21/04

Attachment

54058770

EARL MCALLISTER, M.D., F.A.C.S.
GENERAL SURGERY

SUITE 506
13801 BRUCE B. DOWNS BOULEVARD
TAMPA, FLORIDA 33613
(813) 977-2200
FAX (813) 9717962

06-21-2004

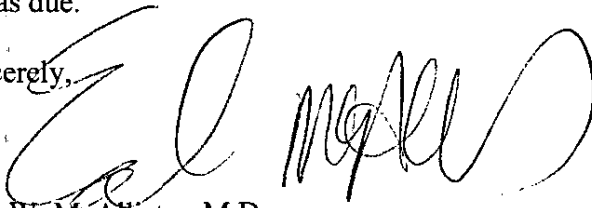
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: 2004 For Profit Corporation Annual Report
Document # P94000053188

To Whom It May Concern:

This letter is in reference to the above-mentioned report. It has come to my attention that I did not receive notice regarding the 2004 Annual Report. The 2003 UBR packet shows a web-site address that allowed me to retrieve the current report. I am aware that this report is late, but ask for you to waive the late fee, as I did not receive proper notice that it was due.

Sincerely,



Earl W. McAllister, M.D.

EWM/cm

Enc.