## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

LOURGES

## Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P95000016635 1. Entity Name LOURDES T. SEEHOFFER, D.M.D., P.A. Principal Place of Business Mailing Address 1236 E LIME STREET LAKELAND FL 33801 1236 E LIME STREET LAKELAND FL 33801 3. Mading Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #, etc CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-3304369 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEEHOFFER, LOURDES T 1236 E LIME STREET Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 City Zip Code 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. nne ☐ Delete DDE ☐ Change Addition NAME SEEHOFER, LOURDES T NAME U00000054518 02/16/04-80174-021 150.00 STREET ADDRESS 1236 E LIME STREET STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-719 TITLE Collete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS Cally -ST-73P CITY-S7-ZIP TITLE TITLE □ Change Addition Oelete NAME RIGHT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete TETLE ☐ Change Addition TELLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-SI-ZIP CITY - ST-ZIP ☐ Change TITLE ☐ Selete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUTY-ST-ZIP TITLE ☐ Change Addition ☐ Gelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 eath, 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

ECTHO FFER, O-M-D PA.

**FILED** 

2/13/04 863-687-7726