

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90057 004 ***150.00

DOCUMENT # P95000020380

1. Entity Name
JEFFREY L. PRESSER, M.D., P.A.



Principal Place of Business
8853 SAN JOSE BLVD
JACKSONVILLE, FL 32217 US

Mailing Address
8853 SAN JOSE BLVD
310
JACKSONVILLE, FL 32217 US

24021297



2. Principal Place of Business
13205 U.S. HWY ONE

3. Mailing Address
13205 U.S. HWY ONE

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.
SUITE 105

02172004 Chg-P CR2E034 (10/03)

City & State
JUNO BEACH, FL

City & State
JUNO BEACH, FL

4. FEI Number
65-0563102

Applied For
Not Applicable

Zip Country
33408 PALM BEACH

Zip Country
33408 PALM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
JEFFREY L. PRESSER

Street Address (P.O. Box Number is Not Acceptable)
13205 U.S. HWY ONE

SUITE 105

City JUNO BEACH FL Zip Code 33408

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]

JEFFREY L. PRESSER

2/15/04

Signature of the registered agent or the name of the registered agent and title 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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
PRESSER, JEFFREY L
13205 US HWY ONE STE 105
JUNO BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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 697, 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

2/15/04 (561) 691-0100

Date

Daytime Phone #