

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000005902**

1. Entity Name  
**MAXFELONILO A. DOMINGO, M.D., P.A.**



Principal Place of Business  
**760 S.E. 5TH TERRACE  
CRYSTAL RIVER, FL 34429 US**

Mailing Address  
**P.O. BOX 2890  
CRYSTAL RIVER, FL 34423-2890**

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0640846**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DOMINGO, MAXFELONILO A  
760 SE 5TH TER.  
CRYSTAL RIVER, FL 34429**

**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 \$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**

**000000089820  
03/16/04-80004-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
DOMINGO, MAXFELONILO A.  
760 SE 5 TERR  
CRYSTAL RIVER, FL**

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)(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:** MAXFELONILO A. DOMINGO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04  
Date

352-795-4465  
Daytime Phone #