

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL -8 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



03/02/05 90094 039 \$150.00
02162005 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

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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, 2005 Fee will be \$550.00**

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	PD DOMINGO, MAXFELONILO A. 760 SE 5 TERR CRYSTAL RIVER, FL
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IN THIS SPACE**

8/7/14

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

Date (352) 746-3119
Daytime Phone #