


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000011251		
1. Entity Name EMILE C. COMMEDORE, M.D., P.A.		

Principal Place of Business 4700 N. HABANA AVE. SUITE 401 TAMPA FL 33614 US	Mailing Address PO BOX 151805 TAMPA FL 33684-1805 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent COMMEDORE, EMILE C. M 4730 N. HABANA AVE STE 300 TAMPA FL 33614	
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4. FEI Number 59-3350578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COMMEDORE, EMILE C 4700 N. HABANA AVE SUITE 401 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000249997 03/03/05-80023-022 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Emile C. Commadore m.d.</i>	Emile C. Commadore m.d.	2/28/05	(813) 877-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #