2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000018411

1. Entity Name
DR. SUSAN D. PLAYER, D.C., P.A.

Principal Place of Business	Mailing Address
1433 GULF TO BAY BLVD E CLEARWATER, FL 33755 US	1433 GULF TO BAY BLVD E CLEARWATER, FL 33755 US

02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3773201

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

PLAYER, SUSAN D
1433 GULF TO BAY BLVD
E
CLEARWATER, FL 33755

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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] 4-28-04
Signature of new registered agent (if changing) (FEI# of Agent signature required when changing) 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

TITLE	PS
NAME	PLAYER, SUSAN D D.C.
STREET ADDRESS	1874 STEVENSON AVE
CITY ST ZIP	CLEARWATER, FL 33755
TITLE	VT
NAME	PLAYER, PAUL G
STREET ADDRESS	1874 STEVENSON AVE
CITY ST ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000147225
05/03/04-80097-023 150.00

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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: [signature] SUSAN D. PLAYER, DC 4-28-04 727-449-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #