

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 011 ***150.00

DOCUMENT # P96000043665

1. Entity Name

KELLY H LEAIRD D.M.D., P.A.



Principal Place of Business

8585 S.W. SR 200
SUITE 10
OCALA FL 34481

Mailing Address

8585 S.W. SR 200
SUITE 10
OCALA FL 34481

2. Principal Place of Business

8438 SW 103rd Street Rd.

3. Mailing Address

8438 SW 103rd Street Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34481

Country

USA

Zip

34481

Country

USA

4. FEI Number

59-3386771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEAIRD, KELLY
8585 S.W. SR 200
SUITE 10
OCALA FL 34481

7. Name and Address of New Registered Agent

Name

Kelly Leaird

Street Address (P.O. Box Number is Not Acceptable)

8438 SW 103rd Street Rd

City

Ocala

FL

Zip Code

34481

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

Kelly Leaird

Kelly Leaird

2-10-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEAIRD, KELLY H	
STREET ADDRESS	8585 S.W. SR 200, SUITE 10	
CITY-ST-ZIP	OCALA FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	<i>Kelly Leaird</i>	
STREET ADDRESS	8438 SW 103 rd Street Rd.	
CITY-ST-ZIP	Ocala FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Leaird	
STREET ADDRESS	8438 SW 103 rd Street Rd	
CITY-ST-ZIP	Ocala FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kelly Leaird

Kelly Leaird

2-10-04

(352) 237-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #