

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90473 035 ***150.00

DOCUMENT # P97000000825

1. Entity Name

DONALD R. TAYLOR, JR., M.D., P.A.



Principal Place of Business

3450 E. FLETCHER AVENUE
SUITE ~~400~~ 250
TAMPA FL 33613

Mailing Address

3450 E. FLETCHER AVENUE
SUITE ~~400~~ 250
TAMPA FL 33613

04000516



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3450 E. FLETCHER AVE.

Suite, Apt. #, etc.

SUITE 250

City & State

TAMPA, FL

Zip

33613

Country

U.S.

3. Mailing Address

3450 E. FLETCHER AVE.

Suite, Apt. #, etc.

SUITE 250

City & State

TAMPA, FL

Zip

33613

Country

U.S.

4. FEI Number

59-3417276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAXON, BERNICE S ESQ
ONE BARNETT PLAZA, STE 3200
101 EAST KENNEDY BLVD
TAMPA FL 33602

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

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 PSTD
NAME TAYLOR, DONALD R JR, MD
STREET ADDRESS 4813 LONDONDERRY DRIVE
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: DONALD R. TAYLOR JR, MD. Donald R. Taylor, Jr, MD 3/31/04 (813) 978-9392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #