

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

28

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000014433

1. Entity Name
PATRIOT MEDICAL, INC.



Principal Place of Business
**770-B PASADENA AVE S.
SOUTH PASADENA, FL 33707**

Mailing Address
**770-B PASADENA AVE S.
SOUTH PASADENA, FL 33707**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3421191

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LE GATH, MICHAEL S.
770-B PASADENA AVE S.
SOUTH PASADENA, FL 33707**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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**

**U000000027236
02/03/04-80038-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEGATH, MICHAEL S
STREET ADDRESS	770-B PASADENA AVE S.
CITY-ST-ZIP	SOUTH PASADENA, FL 33707

TITLE	D
NAME	LEGATH, PAMELA L
STREET ADDRESS	770-B PASADENA AVE S.
CITY-ST-ZIP	SOUTH PASADENA, FL 33707

TITLE	S
NAME	LEGATH, JODI
STREET ADDRESS	300 VENETIAN DR #12
CITY-ST-ZIP	CLEARWATER, FL 33755

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Michael S. LeGath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S LeGath

1-21-04
Date

727 347-2568
Daytime Phone #