


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-01-2005 90023 049 ***150.00

66046600

1st MOORE CR2E034 (10/04)

DOCUMENT # P97000041870 1. Entry Name DEBORAH A. FRENCH, M.D., P.A.					
Principal Place of Business 1013 LOTUS PATH CLEARWATER FL 33756			Mailing Address 1013 LOTUS PATH CLEARWATER FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3447553 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FRENCH, DEBORAH A 1013 LOTUS PATH CLEARWATER FL 33756	
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 _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRENCH, DEBORAH A 1013 LOTUS PATH CLEARWATER FL 33756		<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	
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	
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>Deborah A French</i>			MD 8/18/05 727-446-1161		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

PARTNERS IN PEDIATRICS

616 026 258
P97000041870

July 19, 2005

Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Re: Deborah A. French, MD, PA
FEI Number: 59-3447553

To Whom It May Concern:

I received the **first and only** notice for the 2005 for Profit Corporation Annual Report on July 18, 2005. I did not receive any notice before this date. Please accept the file fee enclosed for \$150.00.

Thank you for your consideration in this matter.

Sincerely,



Deborah A. French, MD



ATTACHMENT

06026258

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 3, 2005

DEBORAH A. FRENCH, M.D., P.A.
1013 LOTUS PATH
CLEARWATER, FL 33756

Subject: **DEBORAH A. FRENCH, M.D., P.A.**

Reference Number: **P97000041870**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.



ATTACHMENT

6/22/05

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 3, 2005

DEBORAH A. FRENCH, M.D., P.A.
1013 LOTUS PATH
CLEARWATER, FL 33756

Subject: **DEBORAH A. FRENCH, M.D., P.A.**

Reference Number: **P97000041870**

/LS
ANNUAL REPORTS SECTION