

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000106587

1. Entity Name
THREE BENIGN BLIND MICE, INC.



Principal Place of Business
38034 MEDICAL CENTER AVE.
ZEPHYRHILLS, FL 33540

Mailing Address
38034 MEDICAL CENTER AVE.
ZEPHYRHILLS, FL 33540



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3492793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, RANDELL M
315 SO. HYDE PARK AVE.
TAMPA, FL 33606

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARCH, PAUL F M.D.
STREET ADDRESS 38034 MEDICAL CENTER AVE.
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE D
NAME KATZ, DONALD M M.D.
STREET ADDRESS 38034 MEDICAL CENTER AVE.
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE D
NAME RODRIQUEZ, ROQUE M.D.
STREET ADDRESS 38034 MEDICAL CENTER AVE.
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1000000287657
04/04/05-80078-009 150.00

**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 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/05 803 488-1