

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90010 014 ***150.00

DOCUMENT # P98000001700

1. Entity Name
JEANETTE M. BILLETT, M.D., P.A.



Principal Place of Business
1921 WALDEMERE STREET
SUITE 201
SARASOTA, FL 34239

Mailing Address
PO BOX 4234
SARASOTA, FL 34230-4234

11001701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 19797
Sarasota, Florida
34276-2797

U.S.

01152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0804064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUICKER, ESQ., MICHAEL J
240 N WASHINGTON BLVD
SUITE # 325
SARASOTA, FL 34236

Name

Street Address

City

Quicker, Michael J.
7061 S. Tamiami Trail
Suite 106
Sarasota, FL 34231

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

Michael J. Quicker

2-3-2004

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

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BILLETT, JEANETTE M MD
STREET ADDRESS 1921 WALDEMERE STREET STE 201
CITY-ST-ZIP SARASOTA, FL 342302767

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

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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:

Jeanette Billett M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanette Billett M.D.

1/29/04 (94) 917-8922

Date

Daytime Phone #