

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90092 002 ***150.00

DOCUMENT # P98000009404

1. Entity Name

MICHAEL D. CHESEN, O.D., P.A.



Principal Place of Business

1402 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

Mailing Address

1402 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

04060299



DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0810726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHESEN, MICHAEL D
1402 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CHESEN, MICHAEL D
1402 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Chesen

7/1/04 305 944-7277

Attachment
Doc # PS8000009404

MICHAEL D. CHESN, O.D.

Board Certified Optometric Physician
1402 N.E. 163rd Street • North Miami Beach, FL 33162
(305) 944-7277

July 1, 2004

To Whom It May Concern:

As per my phone conversation with one of your staff we did not receive any correspondence regarding the annual report. We found out about the filing from our accountant just the other day after the due date. Please accept the following check and completed annual report and abate the additional penalty.

Thank you in advance.

Michael D. Chesn, O.D., P.A.