


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90199 020 ***150.00

DOCUMENT # P98000066391	
1. Entity Name IRIS D. TATOM, ARNP, P.A.	

Principal Place of Business 8143 POMPANO DR., STE. "B" NAVARRE, FL 32566	Mailing Address 2502 #6 RIVERFRONT DR LITTLE ROCK, AR 72202
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24000411

2. Principal Place of Business 8520 Gulf Blvd Suite, Apt. #, etc. Suite 23 City & State Navarre Beach	3. Mailing Address 8520 Gulf Blvd Suite, Apt. #, etc. Suite 23 City & State Navarre Beach FL
Zip 32566	Country USA



04142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent TATOM, IRIS D 8143 POMPANO DR., STE. "B" NAVARRE, FL 32566	
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4. FEI Number 59-3528798	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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 NAME STREET ADDRESS CITY-ST-ZIP	D TATOM, IRIS D 8143 POMPANO DR., STE. "B" NAVARRE, FL 32566 <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
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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: *Iris D. Tatom* / *Iris D. Tatom* 4/25/04 501-765-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #