



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90078 021 ***150.00

DOCUMENT # P98000071031					
1. Entity Name EDDY J. LOUISSAINT, M.D., P.A.					
Principal Place of Business 1483 SOUTH CONGRESS AVE DELRAY BEACH, FL 33445			Mailing Address 1483 SOUTH CONGRESS AVE DELRAY BEACH, FL 33445		
2. Principal Place of Business 1300 PARK of Commerce Suite, Apt. #, etc. 118		3. Mailing Address 7470 ANADOLUS CIRCLE Suite, Apt. #, etc.		54058630 	
City & State DELRAY BEACH FL		City & State LAKE WORTH FL		4. FEI Number 65-0857378	
Zip 33445		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERO, ROBERT JR 7251 W. PALMETTO PARK RD STE. 203 BOCA RATON, FL 33433			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: <u>Eddy Louissaint</u> DATE: <u>6/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LOUISSAINT, EDDY J 1483 SOUTH CONGRESS AVE DELRAY BEACH, FL 33445			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete EDDY LOUISSAINT 1300 PARK of Commerce #118 Delray Beach FL 33445			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: <u>Eddy Louissaint</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>6/18/04</u> Daytime Phone # _____	



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 18, 2004

EDDY J. LOUISSAINT, M.D., P.A.
7470 ANADALE CIRCLE
LAKE WORTH, FL 33467

SUBJECT: EDDY J. LOUISSAINT, M.D., P.A.
Ref. Number: P98000071031

We have received your document for EDDY J. LOUISSAINT, M.D., P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 904A00034741

Attachment

54058630



Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P98000071031
Business Entity Name	EDDY J. LOUISSAINT, M.D., P.A.
Original File Date	08/11/1998

FEI Number 65-0857378

Principal Address 1483 SOUTH CONGRESS AVE
DELRAY BEACH, FL 33445

Mailing Address 1483 SOUTH CONGRESS AVE
DELRAY BEACH, FL 33445

Registered Agent JR ROBERT HERRERO
7251 W. PALMETTO PARK RD
STE. 203
BOCA RATON, FL 33433 US

Officer/Director Name And Address

P
EDDY J LOUISSAINT
1483 SOUTH CONGRESS AVE
DELRAY BEACH, FL 33445

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

Make Changes

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Public Access Help



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 26, 2004

EDDY J. LOUISSAINT, M.D., P.A.
1483 SOUTH CONGRESS AVE
DELRAY BEACH, FL 33445

SUBJECT: EDDY J. LOUISSAINT, M.D., P.A.
Ref. Number: P98000071031

We have received your document for EDDY J. LOUISSAINT, M.D., P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 204A00027385