

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90309 033 ***150.00

DOCUMENT # P98000071031

1. Entity Name
EDDY J. LOUISSAINT, M.D., P.A.



Principal Place of Business
**1300 PARK OF COMMERCE
118
DELRAY BEACH, FL 33445**

Mailing Address
**7470 ANADALE CIRCLE
LAKE WORTH, FL 33467**

50036868



2. Principal Place of Business

3. Mailing Address

**601 N. Congress Ave
Ste 404**

Suite, Apt. #, etc.

04132005 Chg-P CR2E034 (10/03)

City & State
**Delray Beach FL
33445**

City & State

4. FEI Number
65-0857378

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

**HERRERO, ROBERT JR
7251 W. PALMETTO PARK RD
STE-203
BOCA RATON, FL 33493**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3275 W Hillsboro Blvd Ste 204
Deerfield Beach FL 33442**

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, 2005 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
**P
LOUISSAINT, EDDY J
1483 SOUTH CONGRESS AVE
DELRAY BEACH, FL 33445**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
601 N Congress Ave Ste 404

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MD
LOUISSAINT, EDDY
1300 PARK OF COMMERCE #118
DELRAY BEACH, FL 33445**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EDDY
601 N Congress Ave Ste 404**

☒ Change ☐ Addition

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CITY - ST - ZIP

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☐ 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:

Eddy J. Louissaint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05
Date

Daytime Phone #