

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 010 ***150.00

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1. Entity Name

JOHANNA D'URSO TALDONE, M.D., P.A.



Principal Place of Business

123 CARYLE CI
PALM HARBOR, FL 34683

Mailing Address

123 CARYLE CI
PALM HARBOR, FL 34683

94026841



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3530598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, STEVEN
8200 BRYAN DAIRY RD
SUITE 300
LARGO, FL 33777

**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 reappointing)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D'URSO, JOHANNA L
1752 LARGO VISTA BLVD.
PALM HARBOR, FL 34685

*old address +
maiden name*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
M.D. TALDONE, JOHANNA D
123 CARYLE CIRCLE
PALM HARBOR, FL 34683

correct!

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Johanna TalDONE Johanna TalDONE

Date

Daytime Phone #

3/5/04 727786
3866