

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000106145

1. Entity Name
MEDICAL ROUNDS, INC.



Principal Place of Business
9425 BLIND PASS RD
#1102
ST. PETE BEACH, FL 33706 US

Mailing Address
9425 BLIND PASS RD
#1102
ST. PETE BEACH, FL 33706 US



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553279

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, WILLIAM B JR.
9425 BLIND PASS RD
#1102
ST. PETE BEACH, FL 33706

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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

TITLE	D
NAME	GEORGIEESKA, KSEMIDA
STREET ADDRESS	9425 BLIND PASS RD, #1102
CITY- ST- ZIP	ST. PETE BEACH, FL 33706
TITLE	D
NAME	WEBSTER, TATJANA B
STREET ADDRESS	9425 BLIND PASS RD, #1102
CITY- ST- ZIP	ST. PETE BEACH, FL 33706
TITLE	D
NAME	WEBSTER, WILLIAM B JR.
STREET ADDRESS	9425 BLIND PASS RD, #1102
CITY- ST- ZIP	ST. PETE BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/07/05-80052-020 150.00

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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)(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 #