

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90061 049 ***150.00

DOCUMENT # P98000106995

1. Entity Name

HOUSE PHYSICIAN, INC.



Principal Place of Business

13136 RIVERGATE CT.
JACKSONVILLE FL 32223

Mailing Address

13136 RIVERGATE CT.
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FL VAL

4. FEI Number

59-3554461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEAGRAVE, DEMONT
13136 RIVERGATE CT
JACKSONVILLE FL 32223

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

DEMONT SEAGRAVE PRES DW Press

Signature, typed or printed name of registered agent and fee 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | SEAGRAVE, DEMONT | |
| STREET ADDRESS | 13136 RIVER GATE CT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | SEAGRAVE, DEMONT | |
| STREET ADDRESS | 13136 RIVERGATE CT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

IPH By DW Seagrave Press

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 268
3-25-04 6386