


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90683 038 ***150.00

DOCUMENT # P99000020513			
1. Entity Name TRI-COUNTY PULMONARY & MULTI-SPECIALTY GROUP, P.A.			
Principal Place of Business 8985 N.E. 134TH AVE. LADY LAKE, FL		Mailing Address 8985 N.E. 134TH AVE. LADY LAKE, FL	
2. Principal Place of Business 1501 US HWY 441 NORTH		3. Mailing Address 1501 US HWY 441 NORTH	
Suite, Apt. #, etc. SUITE 1706		Suite, Apt. #, etc. SUITE 1706	
City & State THE VILLAGES, FL		City & State THE VILLAGES, FL	
Zip 32159	Country USA	Zip 32159	Country USA
6. Name and Address of Current Registered Agent VILLA, MARIVIC 8985 NE 134TH AVE STE A LADY LAKE, FL 32159		7. Name and Address of New Registered Agent Name VILLA, MARIVIC Street Address (P.O. Box Number is Not Acceptable) 1501 US HWY 441 NORTH, SUITE 1706 City THE VILLAGES FL Zip Code 32159	
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>MARIVIC VILLA, MD</u> (NOTE: Registered Agent signature required when registering) DATE <u>4-05-04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VILLA, MARIVIC MD 8985 NE 134 TH AVE., STE., B LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLA, MARIVIC MD 11265 S.E. SUNSET HARBOR RD. SUMMERFIELD, FL 34491 <input checked="" 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
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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>MARIVIC VILLA, MD</u>		Date <u>4/5/04</u> Daytime Phone # <u>(352) 750-4333</u>	

94051063



03312004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3561297

Applied For
Not Applicable

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