


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90029 032 \*\*\*150.00

<b>DOCUMENT # P99000020513</b>	
1. Entity Name <b>TRI-COUNTY PULMONARY &amp; MULTI-SPECIALTY GROUP, P.A.</b>	

Principal Place of Business <b>1501 US HWY. 441 NORTH STE. 1706 LADY LAKE, FL 32159</b>	Mailing Address <b>1501 US HWY. 441 NORTH STE. 1706 LADY LAKE, FL 32159</b>
--	--

2. Principal Place of Business <b>1501 US HWY 441 NORTH</b>	3. Mailing Address <b>1501 US HWY 441 NORTH</b>
Suite, Apt. #, etc. <b>SUITE 1706</b>	Suite, Apt. #, etc. <b>SUITE 1706</b>

City & State <b>THE VILLAGES, FL</b>	City & State <b>THE VILLAGES, FL</b>
Zip <b>32159</b>	Country <b>USA</b>

400003719



01052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3561297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VILLA, MARIVIC 1501 US HWY. 441 NORTH STE. 1706 LADY LAKE, FL 32159</b>	
7. Name and Address of New Registered Agent Name <b>VILLA, MARIVIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1501 US HWY 441 NORTH</b> City <b>THE VILLAGES</b> FL Zip Code <b>32159</b>	

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 **MARIVIC VILLA, M.D.** *[Signature]* DATE **1/5/05**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	<b>P VILLA, MARIVIC MD 11265 SE SUNSET HARBOR RD. SUMMERFIELD, FL 34491</b> <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
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
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

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: **MARIVIC VILLA, M.D.** *[Signature]* DATE **1/5/05** (352) 750-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #