## 2004 FOR PROFIT CORPORATION \*ANNUAL REPORT

## Sep 10, 2004 8:00 am Secretary of State DOCUMENT #'P99000023356 09-10-2004 90002 030 \*\*\*150.00 1. Entity Name LIA NARDONE, M.D., P.A. Principal Place of Business Mailing Address 1405 NINTH STREET NORTH 1405 NINTH STREET NORTH **54**072321 SAINT PETERSBURG, FL 33704 SAINT PETERSBURG, FL 33704 3. Mailing Address 2. Principal Place of Business AVENUE NE 145 5TH AVENUE Suite, Apt. #, etc. 08082004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For ST PETERSOURY ·/~ St PETERSBULG 59-3560601 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33701 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NARDONE, LIA M.D. Street Address (P.O. Box Number is Not Acceptable) 1003 GULF WAY ST PETERSBURG BEACH, FL 33706 Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. XI. Change ■ Addition D Delete TITLE TITLE NARDONE, LIA M.D. NAME NAME 1103 GULF WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706 ☐ Change ☐ Delete TITLE . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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. 727-820-0505 LIA NARDONE, MD SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

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