

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90044 035 ***150.00

DOCUMENT # P99000061139

1. Entity Name

TRI-MED MANAGEMENT, INC.



Principal Place of Business

1108 PINEHURST RD
DUNEDIN FL 34698

Mailing Address

14100 KENSINGTON OAK PLACE
LARGO FL 33774

2. Principal Place of Business

3. Mailing Address

107 Windward Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33767

U.S.A.

4. FEI Number

59-3585792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGEMEIER, RALPH F
14100 KENSINGTON OAK PLACE
LARGO FL 33774

Name William M. Blackshear Jr, M.D.

Street Address (P.O. Box Number is Not Acceptable)

107 Windward Island

City Clearwater

FL

Zip Code

33767

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

William M. Blackshear Jr, M.D.

William M. Blackshear Jr, M.D.

3/14/05

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

After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOT
BLACKSHEAR, WILLIAM M
107 WINDYARD ISLAND
CLEARWATER FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
HAGEMEIER, RALPH F
14100 KENSINGTON OAK PLACE
LARGO FL 33774 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

William M. Blackshear Jr, M.D. William M. Blackshear Jr, M.D. 3/14/05 927-9364626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #