

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90013 003 ***150.00

DOCUMENT # P99000061930

1. Entity Name

DIES & DIES CLINICAL PSYCHOLOGISTS, P.A.



Principal Place of Business

Mailing Address

5610 GRAND BLVD.
NEW PORT RICHEY FL 34652-3811

5610 GRAND BLVD.
NEW PORT RICHEY FL 34652-3811

24076049



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

6322 Rowan Road

6322 Rowan Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey Florida

City & State

New Port Richey Florida

Zip

34653

Country

USA

Zip

34653

Country

USA

4. FEI Number

59-3586520

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

DIES, ROBERT
5610 GRAND BLVD.
NEW PORT RICHEY FL 34652-3811

Name

Dies, Robert

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

6322 Rowan Road

City

New Port Richey FL

Zip Code

34653

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DIES, ROBERT
STREET ADDRESS 5610 GRAND BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34652-3811

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

TITLE ☐ Delete
NAME DIES, KATHRYN
STREET ADDRESS 5610 GRAND BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34652-3811

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert R Dies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/04

Date

(727) 841-0044

Daytime Phone #

attachment

24076019

#P99000061930

Due to change in address
this form did not arrive
in time to meet May 1
deadline