2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000075038

1. Entity Name
GURKIRPAL S. SHERGILL, M.D., P.A.

Principal Place of Business	Mailing Address
120 PATTERSON RD	120 PATTERSON RD
HAINES CITY, FL 33844	HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

08312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3595579	Not Applicable

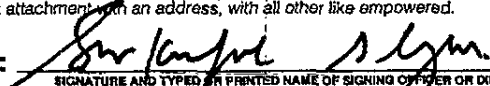5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHERGILL, GURKIRPAL S
120 PATTERSON RD
HAINES CITY, FL 33844

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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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	SHERGILL, GURKIRPAL S M.D.	
STREET ADDRESS	120 PATTERSON RD	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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NAME		
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CITY-ST-ZIP		

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09/08/04-80002-001 550.00

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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: _____ 9/1/04

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