

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90538 041 \*\*\*158.75

**DOCUMENT # P99000101212**

1. Entity Name  
**CHRISTINE LARAMEE, M.D., P.A.**



Principal Place of Business  
**400 N INDIAN ROCKS RD  
STE B  
BELLEAIR BLUFFS, FL 33770**

Mailing Address  
**400 N INDIAN ROCKS RD  
STE B  
BELLEAIR BLUFFS, FL 33770**

2. Principal Place of Business

3. Mailing Address



01152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3608970**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIKOS, CYNTHIA A  
205 N PARSONS AVE, SUITE A  
BRANDON, FL 33351-4515**

7. Name and Address of New Registered Agent

Name **MIKOS, CYNTHIA A**  
Street Address (P.O. Box Number is Not Acceptable)  
**2018 EAST 4TH AVE**  
City **TAMPA, FL** Zip Code **33605-5216**

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**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CHRISTIAN, LARAMEE**  
STREET ADDRESS **424 HARBOR DRIVE NORTH**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33770**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **CHRISTINE LARAMEE**  
STREET ADDRESS **424 HARBOR VIEW DRIVE NORTH**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-04

727-5813171