

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90016 028 ***158.75

DOCUMENT # P99000110070

1. Entity Name
JOHN D. HAND, MD, PA



Principal Place of Business
**5741 BEE RIDGE RD., STE. 240
SARASOTA, FL 34233**

Mailing Address
**7671 ALISTER MCKENZIE DRIVE
SARASOTA, FL 34240 US**

94010873



2. Principal Place of Business
4937 CLARK ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL.

City & State

02012004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0967975

Applied For
Not Applicable

Zip
34233B

Country
SARASOTA

Zip

Country

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

**HAND, JOHN D MD
5741 BEE RIDGE RD., STE. 240
SARASOTA, FL 34233**

Name **HAND, JOHN D. MD**

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

4937 CLARK ROAD

City **SARASOTA**

FL

Zip Code **34233**

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 **HAND, JOHN D M.D.**
STREET ADDRESS **6597 SUPERIOR AVE**
CITY-ST-ZIP **SARASOTA, FL 34231**

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 **P** ☒ Change ☐ Addition
NAME **HAND, JOHN D. MD**
STREET ADDRESS **4937 CLARK ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Change ☒ Addition
NAME **ASKNS, ROLAND, III MD**
STREET ADDRESS **4937 CLARK ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHOFIELD, BRIAN A. MD**
STREET ADDRESS **4937 CLARK ROAD**
CITY-ST-ZIP **SARASOTA, FL 34233**

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)(f), 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 #