

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -4 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/11/04 61012 006 \$150.00



05202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0263016

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARRO, ALEXANDER
944 KERWOOD CIR
OVIEDO, FL 32765

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME P
STREET ADDRESS NAVARRO, ALEXANDER
CITY-ST-ZIP 926 KERWOOD CIR
OVIEDO, FL 32765

TITLE ☐ Delete
NAME V
STREET ADDRESS NAVARRO, GRACIA
CITY-ST-ZIP 926 KERWOOD CIR
OVIEDO, FL 32765

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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

5-28-2004 (407) 366-3933

Date

Daytime Phone #

Attachment

(d425da7
\$4014)

WESTSIDE MEDICAL, INC
PO BOX 621119
OVIEDO FL 32762-1119

THIS LETTER IS TO INFORM YOU I NEVER RECEIVED THE
DEPARTMENT-OF STATE FORMS IN-2004, PLEASE WAIVE THE
PENALTY.

I AM ENCLOSING A CHECK FOR 150 DOLLARS.

THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.



ALEXANDER NAVARRO