

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90015 008 ***150.00

DOCUMENT # S55064

1. Entity Name

MICHAEL M. TOBIN, P.A.



Principal Place of Business

1099 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

33134

Mailing Address

1099 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

100 ALMERIA #360
CORAL GABLES 33134

34011133



01312004

No Chg-P

CR2E034 (10/03)

4. FEI Number

05-0260057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOBIN, MICHAEL M.

1099 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

33134

**DO NOT WRITE
IN THIS SPACE**

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
NAME

P

TOBIN, MICHAEL M.

STREET ADDRESS

1099 PONCE DE LEON BLVD

CITY - ST - ZIP

CORAL GABLES, FL 33134

100 ALMERIA AVE
#360 CORAL GABLES 33134

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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

MICHAEL M TOBIN

Date

2/12/04

Daytime Phone #

305-445-5775