


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S56704</b> 1. Entity Name <b>WEST FLORIDA MEDICAL SPECIALISTS, P.A.</b>	
---	---

Principal Place of Business <b>5622 MARINE PARKWAY SUITE 14 NEW PORT RICHEY, FL 34652 US</b>	Mailing Address <b>5622 MARINE PARKWAY SUITE 14 NEW PORT RICHEY, FL 34652 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



06072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3060062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FREEDLAND, CURTIS, D.O.  
5622 MARINE PARKWAY #14  
NEW PORT RICHEY, FL 34652**

**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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FREEDLAND, CURTIS D.O. 5622 MARINE PKWY #14 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STAFFETTI, JOSEPH MD 5622 MARINE PKWY #14 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GHANEKAR, DILIP 4037 AUSTON WAY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000162348  
06/09/04-80003-001 150.00

**DO NOT WRITE  
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: Curtis Freedland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04 (727) 846-7031  
Date Daytime Phone #

CURTIS FREEDLAND, D.O.