

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90039 020 ***150.00

DOCUMENT # V08547

1. Entity Name

FLORIMED OF TAMPA, INC.



Principal Place of Business

16011 NORTH NEBRASKA
#107
LUTZ FL 33549

Mailing Address

P O BOX 17135
TAMPA FL 33622
US

2. Principal Place of Business

15220 LEITH WALK LANE

3. Mailing Address

P.O. BOX 17135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip
33618

Country

HILLSBOROUGH

Zip

33682

Country

HILLSBOROUGH

4. FEI Number

59-3100515

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURLONG, RICHARD
16011 NORTH NEBRASKA, #107
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name RICHARD FURLONG

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

15220 LEITH WALK LANE

City TAMPA

FL

Zip Code

33618

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

01-31-2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME J. WILLIAM BYRD
STREET ADDRESS 1478 BRIAR OAKS TR
CITY-ST-ZIP ATLANTA GA 30329 ☐ Delete

TITLE T
NAME FURLONG, RICHARD ALAN
STREET ADDRESS 1019 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE DSV
NAME FURLONG, RICHARD ALAN
STREET ADDRESS 1019 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 15220 LEITH WALK LANE
CITY-ST-ZIP TAMPA, FL 33618 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 15220 LEITH WALK LANE
CITY-ST-ZIP TAMPA, FL 33618 ☒ Change ☐ Addition

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

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

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

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

01-31-2005 813-287-9996

Date

Daytime Phone #