

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V21757**

1. Entity Name  
**MICHAEL A. GARVIN, DPM, P.A.**



Principal Place of Business  
**1791 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US**

Mailing Address  
**1791 PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 US**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0323790**

Applied For  
Not Applicable

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

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

**GARVIN, MICHAEL A.  
5889 SENEGAL CT  
JUPITER, FL 33458**

**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 obligation of registered agent

SIGNATURE

Signature, typed or printed name of Registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | PVT                        |
| NAME           | GARVIN, MICHAEL A.         |
| STREET ADDRESS | 1791 PORT ST. LUCIE, BLVD. |
| CITY-ST-ZIP    | PORT. ST. LUCIE, FL        |
| TITLE          | S                          |
| NAME           | GARVIN, MICHAEL A.         |
| STREET ADDRESS | 1791 PORT ST. LUCIE, BLVD. |
| CITY-ST-ZIP    | PORT ST. LUCIE, FL         |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

Date

Daytime Phone #