

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90069 014 ***150.00

DOCUMENT # V40780

1. Entity Name

MEDICAL GROUP OF NORTH FLORIDA, P.A.



Principal Place of Business

2626 CARE DRIVE
STE 200
TALLAHASSEE, FL 32308 US

Mailing Address

P.O. BOX 14100
TALLAHASSEE, FL 32317-4100 US

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3122147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A ESQ.
227 S CALHOUN ST
TALLAHASSEE, FL 32301

**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	PD
NAME	WALDENBERGER, LEONARD M.D.
STREET ADDRESS	2626 CARE DR SUITE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	DAMRON, RICK
STREET ADDRESS	2626 CARE DRIVE SUITE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPD
NAME	Bachtel, Michelle D
STREET ADDRESS	7434 Heartland Circle
CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	VPD
NAME	Baker, Joseph C.
STREET ADDRESS	1807 1/2 Bottom Lane
CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	VPD
NAME	Leichus, Leonard
STREET ADDRESS	4913 High Grove Rd
CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	VPD
NAME	Dandell, Andrea
STREET ADDRESS	5968 1/2 Bottom Manor Dr.
CITY-ST-ZIP	Tallahassee, FL 32312

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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

Date

Daytime Phone #

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

Attachment P#2
94007237

DOCUMENT # V40780 1. Entity Name MEDICAL GROUP OF NORTH FLORIDA, P.A.	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Tracker, Richard 9381 Wintercreek Ct Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Lakshmin, Gurusami 3348 Charleston Rd Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #