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Secretary of State
01-26-2007 90042 043 ****50.00
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/2

DOCUMENT # 634058

1. Entity Name
JEFFREY DEE FLEIGEL, M.D., F.A.C.S., P.A.

Principal Place of Business	Mailing Address
1400 SE MAGNOLIA EXT. OCALA, FL 34471	1400 SE MAGNOLIA EXT. OCALA, FL 34471

40032371

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1992599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KING, BILL
2831-A NW 41ST STREET
GAINESVILLE, FL 32606

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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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FLEIGEL, JEFFREY D
STREET ADDRESS	1400 SE MAGNOLIA EXT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL