


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000080889
1. Entity Name
JODY LEE ALEXANDER, M.D., P.A.



Principal Place of Business: 1890 SW HEALTH PARKWAY, SUITE 205, NAPLES, FL 34109-0473
Mailing Address: 1890 SW HEALTH PARKWAY, SUITE 205, NAPLES, FL 34109-0473

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02022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 32-0086049 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALEXANDER, JODY LEE M.D.
1890 SW HEALTH PARKWAY, SUITE 205
NAPLES, FL 34109-0473

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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: _____ (NOTE: Registered Agent signature required when reinstating) 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	
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03/18/05-80029-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 3/11/05 Daytime Phone # _____