




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 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	
DO NOT WRITE IN THIS SPACE		 01192008 No Chg-P CR2E034 (11/05)
4. FEI Number 32-0086049		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JODY LEE M.D. 1890 SW HEALTH PARKWAY, SUITE 205 NAPLES, FL 341090473	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
12. 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: 		JODY ALEXANDER Date: 2/1/06 Daytime Phone #: (239) 592 1386
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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 02/16/06-80020-008 150.00

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