

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000000963  
 1. Entity Name  
 EDWARD FETHEROLF, M.D., P.A.



Principal Place of Business  
 1500 PLACIDA RD  
 SUITE B2  
 ENGLEWOOD, FL 34223

Mailing Address  
 1273 SOUTHBAY DR  
 OSPREY, FL 34229



08012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-0545408 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 EDWARD FETHEROLF MD P.A.  
 1273 SOUTHBAY DR  
 OSPREY, FL 34229

**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 resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETHEROLF, EDWARD 1273 SOUTHBAY DR OSPREY, FL 34229
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08/10/05-80003-013, 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)(1), 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: Edward Fetherolf MD PA Date: 8/6/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR