


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
1500 PLACIDA RD **1273 SOUTHBAY DR**
SUITE B2 **OSPREY, FL 34229**
ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0545408	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
PRIDEMORE & ASSOCIATES, CPAS, PA
229 TAMiami TRAIL S
VENICE, FL 34285

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	FETHEROLF, EDWARD
STREET ADDRESS	1273 SOUTHBAY DR
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edward Fetherolf M.D.P.A. 2/108/08 941-475-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #