2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90012 028 ***150.00

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07272004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000058665

1. Entity Name
STEVEN A. MECKSTROTH, M.D., P.A.

Principal Place of Business	Mailing Address
1656 MEDICAL BLVD SUITE 301 BONITA SPRINGS, FL 34134	1656 MEDICAL BLVD SUITE 301 BONITA SPRINGS, FL 34134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34110 Country: COLLIER	Zip: 34110 Country: COLLIER

4. FEI Number 65-0519932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MECKSTROTH, STEVEN A
1656 MEDICAL BLVD
SUITE 301
~~BONITA SPRINGS, FL 34134~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City NAPLES FL Zip Code 34110

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MECHSTROTH, STEVEN M 1656 MEDICAL BLVD BONITA SPRINGS, FL 34134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(i), 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: ______________________ 8/12/04 239-593-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc # P94000058665
540692 73

STEVEN A. MECKSTROTH, M.D., P.A.
1656 MEDICAL BLVD., SUITE 301
NAPLES, FL 34110
(239) 593-6201

July 9, 2004

Florida Dept. of State
Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Dear Sir or Madam:

pay — 58665

Per our telephone conversation, please find enclosed check #5087 in the amount of $150.00 and a copy of the Division of Corporations website page regarding the above corporation.

Due to the incorrect address, I never received the renewal form for the corporation for 2004 and only realized it had not been paid when I scheduled my annual meeting for the corporation at which time I went to the website and realized the corporation had been dissolved.

My office has never been located in the city of Bonita Springs, so I am unsure as to how you would have that address on file. The street address is correct, but the city needs to be changed to Naples, Florida 34110.

I appreciate that you would consider the circumstances for which the payment was not timely made and abate the penalty. And please correct my address on your records, so I will receive the renewal form in the future.

Thank you for your cooperation.

Sincerely,

Steven A. Meckstroth, M.D.
President