


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90132 013 \*\*\*150.00

**DOCUMENT # S41579**  
 1. Entity Name  
 BERT F. VAN BEEVER, M.D., P.A.



Principal Place of Business Mailing Address  
 40 BARKLEY CIR 7135 BRENTWOOD RD SOUTH  
 SUITE 3 FORT MYERS, FL 33919  
 FT MYERS, FL 33907

**50006364**



2. Principal Place of Business 3. Mailing Address  
 7135 Brentwood Rd So Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

City & State City & State  
 Ft Myers, FL  
 Zip Country Zip Country  
 33919 Lee

4. FEI Number Applied For  
 65-0251937 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 VAN BEEVER, BERT F.  
 40 BARKLEY CIR  
 SUITE 3  
 FT MYERS, FL 33907

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 7135 Brentwood Rd So.  
 City Fort Myers FL Zip Code 33919

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 3/22/06  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN BEEVER, BERT F.	
STREET ADDRESS	7135 BRENTWOOD RD SOUTH	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ DATE 3/22/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR