
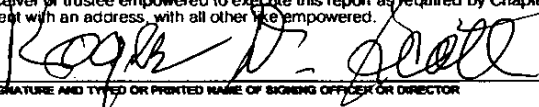


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90212 042 ***150.00

DOCUMENT # 451906					
1. Entity Name ROGER SCOTT, M.D., P.A.					
Principal Place of Business 12530 NEW BRITTANY BLVD STE B FORT MYERS, FL 33907			Mailing Address 12530 NEW BRITTANY BLVD STE B FORT MYERS, FL 33907		
2. Principal Place of Business			3. Mailing Address		
ROGER D. SCOTT, M.D. 1285 Kasamada Dr. Ft. Myers, FL 33919			ROGER D. SCOTT, M.D. 1285 Kasamada Dr. Ft. Myers, FL 33919		
4. FEI Number 59-1538371		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			7. Name and Address of New Registered Agent		
SCOTT, ROGER D 12530 NEW BRITTANY BLVD STE B FORT MYERS, FL 33907			Name ROGER D. SCOTT, M.D. Street Address (P.O. Box Number (if applicable)) 1285 Kasamada Dr. Ft. Myers, FL 33919 City FL Zip Code		
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 re-registering) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, ROGER D., M.D.P.A 12530 NEW BRITTANY BLVD STE 3 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROGER D. SCOTT, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1285 Kasamada Dr. Ft. Myers, FL 33919		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCOTT, ROGER D., M.D.P.A 12530 NEW BRITTANY BLVD STE 3 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROGER D. SCOTT, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1285 Kasamada Dr. Ft. Myers, FL 33919		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4/24/06 339 275 4781			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			