

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 547045**

1. Entity Name  
ROGER W. SHERMAN, M.D., P.A.



Principal Place of Business

1400 US HWY 441  
SUITE 535  
THE VILLAGES, FL 32159

Mailing Address

P.O. BOX 490922  
LEESBURG, FL 34749 US

**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1816861

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, JOANNE B  
425 S. WHITNEY ROAD  
LEESBURG, FL 34748

**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

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000230284  
02/15/05-80037-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHERMAN, ROGER W.  
STREET ADDRESS 425 S WHITNEY ROAD  
CITY- ST- ZIP LEESBURG, FL 34748

TITLE O  
NAME SHERMAN, JOANNE B  
STREET ADDRESS 425 S WHITNEY ROAD  
CITY- ST- ZIP LEESBURG, FL 34748

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 9 FEB 05 1/3527509879