

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 556238

1. Entity Name
JOSEPH F. SULLIVAN, M.D., P.A.



Principal Place of Business

201 8TH ST S.
SUITE 203
NAPLES, FL 34102 US

Mailing Address

201 8TH ST S.
SUITE 203
NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1789811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHABROW, PENN B. ESQ.
2222 PONCE DE LEON BLVD
CORAL GABLES, FL

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 PD
NAME SULLIVAN, JOSEPH F. MD.
STREET ADDRESS 375 BOW LINE DRIVE
CITY - ST - ZIP NAPLES, FL 34103

TITLE S
NAME SULLIVAN, JUDITH W.
STREET ADDRESS 375 BOW LINE DRIVE
CITY - ST - ZIP NAPLES, FL 34103

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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: Joseph F. Sullivan **1/23/06** **339-263-0884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #