

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90034 038 \*\*\*150.00

**DOCUMENT # 582402**

1. Entity Name  
FRANK J. WIERICHS, JR., M.D., P.A.



Principal Place of Business

420 S. TAMiami TRAIL  
SUITE 302  
VENICE, FL 34285 US

Mailing Address

420 S. TAMiami TRAIL  
SUITE 302  
VENICE, FL 34285 US



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1839433

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WIERICHS, FRANK J  
420 S. TAMiami TRAIL  
SUITE 302  
VENICE, FL 34285

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
NAME WIERICHS, FRANK J JR MD  
STREET ADDRESS 420 S. TAMiami TRAIL SUITE 302  
CITY-ST-ZIP VENICE, FL 34285

TITLE PD  
NAME WIERICHS, FRANK J JR MD  
STREET ADDRESS 420 S. TAMiami TRAIL SUITE 302  
CITY-ST-ZIP VENICE, FL 34285

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Frank J. Wierichs Jr. M.D.* FRANK J. WIERICHS JR. MD

Date

1/24/07

Daytime Phone #

941-484-3234