


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 602892 1. Entity Name CHARLES S. EBY M.D., P.A.	
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Principal Place of Business 2666 SWAMP CABBAGE COURT FORT MYERS, FL 33901	Mailing Address 2666 SWAMP CABBAGE COURT FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EBY, CHARLES S 2666 SWAMP CABBAGE COURT FT MYERS, FL 33901	
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8. The above named entity submits this statement for the purpose of changing its registered office or registering 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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EBY, CHARLES S 2666 SWAMP CABBAGE CT FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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


01122005 No Chg-P CR2E034 (10/03)
4. FEI Number **59-1352056** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

*Please note
NEW EIN #
see attached*

familiar with, and accept

DATE _____

11. Payment of Fees

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/9/05** Daytime Phone # **235-9361135**