2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 604668

1. Entity Name
G. MICHAEL NAUERT, M.D., P.A.

Principal Place of Business	Mailing Address
1560 SO HIGHLAND CLEARWATER, FL 34616	2925 KEYSTONE RD TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

04082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1480362	Not Applicable

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

6. Name and Address of Current Registered Agent

NAUERT, G MICHAEL
2925 KEYSTONE RD
TARPON SPRINGS, FL 34659

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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, 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	NAUERT, GEORGE MICHAEL
STREET ADDRESS	2925 KEYSTONE RD
CITY-ST-ZIP	TARPON SPRINGS, FL 34688

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80087-018 150.00

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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: X _____   23 Apr/06   6026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #