

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90260 005 ***150.00

20045846



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2011712** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MACDONALD, BRUCE D., M.D.
2525 HARBOR BLVD.
SUITE 307
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 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 MACDONALD, BRUCE D.
STREET ADDRESS 36261 WASHINGTON LOOP RD
CITY-ST-ZIP PUNTA GORDA, FL ☐ Delete

TITLE ST
NAME ESCHLEMAN, A. ROBERT
STREET ADDRESS 1055 YORKSHIRE ST
CITY-ST-ZIP PT CHARLOTTE, FL ☐ Delete

TITLE VP
NAME HEAGNEY, MICHAEL C.
STREET ADDRESS 4550 GRASSY PT BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL ☐ Delete

TITLE VP
NAME FABIAN, THOMAS M.
STREET ADDRESS 4520 GRASSY PT BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME Heagney, Michael C.
STREET ADDRESS 4550 Grassy Pt Blvd.
CITY-ST-ZIP Pt. Charlotte, FL ☒ Change ☐ Addition

TITLE VP
NAME Fabian, Thomas M.
STREET ADDRESS 4520 Grassy Pt Blvd.
CITY-ST-ZIP Port Charlotte, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Robert Eschleman Section 1 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #