

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696604

FILED
Jan 07, 2009
Secretary of State

Entity Name: SIEVERT CLINIC, P.A.

Current Principal Place of Business:

2060 COLLIER AVE.
FT. MYERS, FL 33901

New Principal Place of Business:

2060 COLLIER AVE.
5
FT. MYERS, FL 33901

Current Mailing Address:

2060 COLLIER AVE.
FT. MYERS, FL 33901

New Mailing Address:

2060 COLLIER AVE.
5
FT. MYERS, FL 33901

FEI Number: 59-2129241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEVERT, THOMAS D.
2060 COLLIER AVE.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SIEVERT, RHONDA L.
Address: 1302 BRADFORD
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: SIEVERT, DR. THOMAS,
Address: 2060 COLLIER AVE.
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. SIEVERT

DR.

01/07/2009

Electronic Signature of Signing Officer or Director

Date