

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696604

FILED  
Jan 21, 2011  
Secretary of State

Entity Name: SIEVERT CLINIC, P.A.

**Current Principal Place of Business:**

3880 COLONIAL BLVD., STE 1-A  
FT. MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

3880 COLONIAL BLVD., STE 1-A  
STE 1  
FT. MYERS, FL 33966

**New Mailing Address:**

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.  
3880 COLONIAL BLVD  
STE 1  
FT. MYERS, FL 33966 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SIEVERT, RHONDA L.  
Address: 1302 BRADFORD  
City-St-Zip: FT. MYERS, FL 33901

Title: PRES  
Name: SIEVERT, DR. THOMAS  
Address: 3880 COLONIAL BLVD. STE1  
City-St-Zip: FT. MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. SIEVERT, D.C.

PRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date