


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G17824 1. Entity Name VALERIE CRANDALL, M.D., P.A.	
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Principal Place of Business 3900 BROADWAY SUITE 14 FT. MYERS, FL 33907 US	Mailing Address 3900 BROADWAY, SUITE 14 FORT MYERS, FL 33901
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01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2245326	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JERRY L.
 2160 TREEHAVEN CIRCLE
 FT. MYERS, FL 33907

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  DATE 1-22-05

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRANDALL, VALERIE 3900 BROADWAY, STE 14 FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, JERRY 2160 TREEHAVEN CIRCLE FT. MYERS, FL
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 01/25/05-80025-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1-22-05