

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90002 018 \*\*\*150.00

**DOCUMENT # J11700**

1. Entity Name  
**JOHN F. PRATER, D.O., P.A.**



Principal Place of Business  
1325 S. E. 47TH STREET  
CAPE CORAL, FL 33904

Mailing Address  
1325 S. E. 47TH STREET  
CAPE CORAL, FL 33904

**J00021700**



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2662131**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRATER, JOHN F.  
1325 S.E. 47TH STREET  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2006**

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  
PST  
PRATER, JOHN F.  
1325 SE 47TH STREET  
CAPE CORAL, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PRATER, JOHN F.  
1325 SE 47TH STREET  
CAPE CORAL, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06

Date

238-548-5224

Daytime Phone #

John F. Prater, D.O., P.A.  
Psychiatry

ATTACHMENT  
50021783

July 3, 2006

To whom it may concern:

I sent check number #13156 for \$150 back in March of 2006. The check HAS NOT CLEARED and it was never returned. Please review our payment record of the past 20 years and see that we have always paid in a timely manner. I am asking you to waive the late fee due to check never having been received.

Thank you,



re: document # J11700.

**OFFICES:**

1325 S.E. 47th Street, Suite F · Cape Coral, FL 33904 · (239) 549-5224  
12670 World Plaza Lane, Building #62 · Ft. Myers, FL 33907 · (239) 278-7787