

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90085 050 ***150.00

DOCUMENT # K06340

1. Entity Name
SIEGEL, HANNAN & TOLEP, M.D., P.A.



Principal Place of Business
**3615 CENTRAL AVE., #7
FT. MYERS, FL 33901**

Mailing Address
**3615 CENTRAL AVE., #7
FT. MYERS, FL 33901**

40009675



01252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
9981 Health Park Circle

3. Mailing Address
P.O. Box 8027

Suite, Apt. #, etc.

279

Suite, Apt. #, etc.

Fort Myers FL

4. FEI Number
65-0015920

Applied For
☐ Not Applicable

City & State
Fort Myers FL

Zip
33908

Country
USA

City & State
Fort Myers FL

Zip
33908

Country
USA

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

6. Name and Address of Current Registered Agent

**TOLEP, KENNETH
3615 CENTRAL AVE.
#7
FT. MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9981 Health Park Circle S-279

City

Fort Myers

FL

Zip Code

33908

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 \$150.00
After May 1, 2007 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
**VP
HANNAN, STEPHEN
3615 CENTRAL AVE.
FORT MYERS, FL 33901**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TOLEP, KENNETH
3615 CENTRAL AVENUE
FORT MYERS, FL 33901**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 8027
Fort Myers FL 33908**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 8027
Fort Myers FL 33908**

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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 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

Date

Daytime Phone #

1/25/2007