


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L49584**  
 1. Entity Name  
 NANCY M. TROAST, D.O., P.A.



Principal Place of Business 12645 NEW BRITTANY BLVD FT. MYERS, FL 33907 US	Mailing Address 12645 NEW BRITTANY BLVD FT. MYERS, FL 33907 US
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**DO NOT WRITE IN THIS SPACE**



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0183224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROAST, NANCY M DO  
 12645 NEW BRITTANY BLVD  
 FT. MYERS, FL 33907.

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**ATTACH CHECK** Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD TROAST, NANCY M D.O. 12645 NEW BRITTANY BLVD FT. MYERS, FL 33907
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 03/10/05-80021-009 150.00

**DO NOT WRITE IN THIS SPACE**

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: ✓ Nancy Troast ✓ 3/11/05 239 278 0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #