


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 041 ***150.00

DOCUMENT # L61759 1. Entity Name ERIC REINTSEMA, M.D., P.A.					
Principal Place of Business 14999 SO TAMIAHI TR N PORT, FL 34287 US			Mailing Address 14999 SO TAMIAHI TR N PORT, FL 34287 US		
2. Principal Place of Business - No P.O. Box # 14876 S. Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 14876 S. Tamiami Trail Suite, Apt. #, etc.			
City & State North Port, FL Zip 34287		City & State North Port, FL Zip 34287		4. FEI Number 59-3000733	
Country Sarasota		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAN, MICHAEL ESQ. 2201 RINGLING BLVD STE 202 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINTSEMA, ERIC 14999 S TAMIAHI TRAIL NORTH PORT, FL 34289		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, OWNER REINTSEMA, ERIC 14876 S. Tamiami Trail North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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			APR 16 2007 4-16-07 941-423-1111 Date Daytime Phone #		