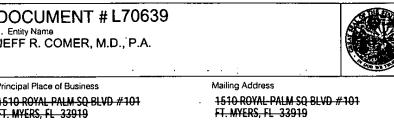
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Mar 21, 2005 8:00 am
Secretary of State

DOCUMENT # L70639  1. Entity Name JEFF R. COMER, M.D., P.A.						03-21-2005	90078 022	***150	).00	
Principal Place	of Business	Mailing Address			,					
1510 ROYAL PALM SQ BLVD #101 1510 ROYAL PALM SQ BLVD #10 FT. MYERS, FL 33919 FT. MYERS, FL 33919				<del>101</del>				,		
Principal Place of Business										
	IMERCE CENTER COURT	3. Mailing Address SAME				BTE BOTHE SHED HITTO HOT	DIBUI BULIS DIBUI BUL	IL DINIH NISII •	ARI II IERI	
Suite, Apt.		Suite, Apt. #, etc.			03112005	Chg-P	CR2E034 (	· · · · ·		
	/FDC	City & State			4. FEI Number	549· ~-	پيدو سي	<del>     </del>	Applicable -	
FORT MYERS  Zip Country		Zip Coun		try ·	5 Certificate of Status Desired St.		.75 Additional			
3390	8 USA 6. Name and Address of Current F	anistered Agent			Fee Required					
	o. Name and Address of Current F	redistaten whatit		Name	7. Name and Address of New Registered Agent Name					
GREEN, BRUCE D.  42800 UNIVERSITY DR #600 1520 ROYAL PALM SQ BLVD FIFTH FLOOR STE 320 FT. MYERS, FL 33907 FORT MYERS FL 33919				Street Address (P.O. Box Number is Not Acceptable)						
		,		City			FL	Zip Code		
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am fami	liar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registere	d Agent signature requires	d when reinstating)		DATE		<u></u>	
	Signature, typed or printed name or registored agent a	in the mapping of the second	e. riegioieio	5 - 190 - 1 - 19 - 10 - 10 - 10 - 10 - 10	.					
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ncing \$5	ded to Fees	·		-		
10.	_ : OFFICERS AND I	<del> </del>	11.		ADDITIONS/C	HANGES TO OFF				
NAME STREET ADDRESS CITY-\$1-ZIP	DPS COMER, JEFF R. 1510 ROYAL PALM SQ BLVD #1 FT. MYERS, FL	□ Delete		E ET ADDRESS 109	9 MONTROS ORT MYERS		X	i Change	Addition	
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STREET ADDRESS CITY-ST-ZIP		,		-ST-ZIP			•			
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STREET ADORESS				EET ADDRESS Y-ST-ZIP						
CITY+SI-ZIP	certily that the information supplied with	this filing does not qualify for	y the ev	amotion stated in S	Section 119.07(3)(i	), Florida Statutes.	I further certify	that the in	nformation	
indicated	certify that the information supplied with a on this report or supplemental report is reportation or the receiver or trustee empt, or on an attachment with an address,	strue and accurate and that owered to execute this repor	my signa 1 as requ	ature shall have the iired by Chapter 60	o7, Florida Statute	t as if made under s; and that my nam	oath; that I am ne appears in B	an officer lock 10 o	or director Block 11 if	