2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 27 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84259

1. Entity Name
MICHAEL B. SPELLMAN, PH.D., P.A.

Principal Place of Business	Mailing Address
15287 NEW BRITTANY BLVD FORT MYERS, FL 33907 US	15287 NEW BRITTANY BLVD FORT MYERS, FL 33907 US

02272007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12587 New Brittany Blvd	12587 New Brittany Blvd
Suite, Apt. #, etc. Suite 21	Suite, Apt. #, etc. Suite 21
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0059564 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPELLMAN, MICHAEL B. ~~15287 NEW BRITTANY BLVD~~ FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) 12587 New Brittany Blvd, Ste 21 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 ______________________________
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPELLMAN, MICHAEL B. ~~15287 NEW BRITTANY BLVD~~ FORT MYERS, FL 33907 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12587 New Brittany Blvd, Ste 21
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000103029170 05/22/07--01042--001 **300.00
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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] Pres — 7/12/07 — 239-278-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #