

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90186 046 \*\*\*\*61.25

**DOCUMENT # N00000000193**

1. Entity Name  
**TOLEDO BLADE PROFESSIONAL CENTER  
ASSOCIATION, INC.**



Principal Place of Business  
**3073 S. HORSESHOE DR.  
SUITE 118  
NAPLES, FL 34104**

Mailing Address  
**3073 S. HORSESHOE DR.  
SUITE 118  
NAPLES, FL 34104**

40080929



02212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3674760</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ARNOLD, DONALD L  
3073 S HORSESHOE DR.  
SUITE 118  
NAPLES, FL 34104**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	DPT ARNOLD, DONALD L 3073 S. HORSESHOE DR., SUITE #118 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JEPPSEN, MICHAEL W 3073 S. HORSESHOE DR., SUITE #118 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DONALD 3073 S. HORSESHOE DR., SUITE #118 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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 # \_\_\_\_\_