

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90150 001 ***150.00

DOCUMENT # P00000021321



1. Entity Name
SOLNES A. TOBAL, M.D., P.A.

Principal Place of Business
**501 GOODLETTE RD NORTH
STE A-106
NAPLES, FL 34102**

Mailing Address
**501 GOODLETTE RD NORTH
STE A-106
NAPLES, FL 34102**

20057711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005

Chg-P

CP2E034 (10/03)

4. FEI Number

59-3628257

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

**ELIZABETH TOBAL, MARY
130 9TH ST. N., STE. 140
NAPLES, FL 34102**

Name **Elizabeth Tobal, Mary**
Street Address (P.O. Box Number is Not Acceptable)
501 Goodlette Rd North
Suite A-106
City **Naples** FL **34102**

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 **Mary Beth John**
Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4-21-05
DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 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 | PD TOBAL, SOLNES A 501 GOODLETTE RD N ATE A-106 NAPLES, FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ELIZABETH TOBAL, MARY 501 GOODLETTE RD N ATE A-106 NAPLES, FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
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| 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"/> Change <input type="checkbox"/> Addition |

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: **Mary Beth John**
Signature and typed or printed name of signing officer or director

4-21-05
Date

239-434-9666
Daytime Phone #