


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90047 001 ***150.00
08-10-2004 90047 002 *****8.75

DOCUMENT # P00000059847	
1. Entity Name VERA M. ROBERT, M.D., D.O., P.A.	

Principal Place of Business 12565 COLLIER BLVD NAPLES, FL 34116 US	Mailing Address 12565 COLLIER BLVD NAPLES, FL 34116 US
--	--

66431708

2. Principal Place of Business <i>same</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07202004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3664011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311	
--	--

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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ROBERT, VERA M 12565 COLLIER BLVD NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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: V. Robert 08.02.2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
66431708

#0000005847

VERA M. ROBERT, M.D., D.O.
COLLIER BOULEVARD MEDICAL CENTER
12565 COLLIER BOULEVARD
NAPLES, FLORIDA 34116

Telephone:
(239) 455-9919

Fax:
(239) 455-9906

August 2, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a completed annual report, together with the filing fee of \$150.00. Please be advised that we never received the Notice of Annual Report Due. Please check your records for the correct address shown above. Also, please find a check for \$8.75 for a certificate of status. Thank you for your assistance in this matter.

Sincerely,

V. Robert, DO

Vera M. Robert, M.D., D.O., P.A.



Attachment
66 431708

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 20, 2004

VERA M. ROBERT, M.D., D.O., P.A.
12565 COLLIER BLVD
NAPLES, FL 34116 US

SUBJECT: VERA M. ROBERT, M.D., D.O., P.A.
Ref. Number: P00000059847

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the reinstatement fee is due to non-receipt of the original/second notice annual report. A letter stating non-receipt will need to accompany the completed Annual Report/Reinstatement.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 104A00045894