2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Aug 10, 2004 8:00 am Secretary of State DOCUMENT # P00000059847 08-10-2004 90047 001 ***150.00 1. Entity Name 08-10-2004 90047 002 *****8.75 VERÁ M. ROBERT, M.D., D.O., P.A. Principal Place of Business Mailing Address **664**31708 12565 COLLIER BLVD 12565 COLLIER BLVD NAPLES, FL 34116 NAPLES, FL 34116 US 2. Principal Place of Business 3. Mailing Address Same same Suite, Apt. #, etc. Suite, Apt. #, etc. 07202004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3664011 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROBERT, VERA M NAME NAME STREET ADDRESS 12565 COLLIER BLVD STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP NAPLES, FL 34116 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Deléte TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 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

FILED

08.02 2004

Daytime Phone #

VERA M. ROBERT, M.D., D.O. COLLIER BOULEVARD MEDICAL CENTER

Telephone:

(239) 455-9919

Fax:

(239) 455-9906

August 2, 2004

: Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, Fl 32314

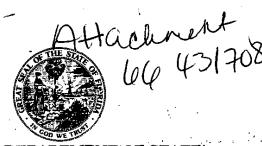
To Whom It May Concern:

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 De

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



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