## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000060627

Name:

Address:

City-St-Zip:

Entity Name: MICHAEL FLETCHER, M.D., P.A.

FILED Mar 02, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 26800 S TAMIAMI TRAIL 150 BONITA SPRINGS, FL 34134 **New Mailing Address: Current Mailing Address:** 26800 S TAMIAMI TRAIL BONITA SPRINGS, FL 34134 FEI Number: 59-3693501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLETCHER, MICHAEL 1462 FRIENDSHIP WALKWAY FT MYERS, FL 33907 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FLETCHER, MICHAEL Name: Name: 1462 FRIENDSHIP WALKWAY Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition

Name:

Address:

City-St-Zip:

FLETCHER, DEBORAH G

1462 FRIENDSHIP WALKWAY FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FLETCHER P 03/02/2004