

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90049 050 ***150.00

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03092005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000060627 1. Entity Name MICHAEL FLETCHER, M.D., P.A.					
Principal Place of Business 26800 S TAMIAMI TRAIL 150 BONITA SPRINGS, FL 34134			Mailing Address 26800 S TAMIAMI TRAIL 150 BONITA SPRINGS, FL 34134		
2. Principal Place of Business 1500 LEE BLVD Suite, Apt. #, etc. 300		3. Mailing Address PO BOX 60918 Suite, Apt. #, etc.			
City & State LEHIGH ACRES, FL		City & State FT MYERS FL		4. FEI Number 59-3693501	
Zip 33936		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, MICHAEL 1462 FRIENDSHIP WALKWAY FT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME FLETCHER, MICHAEL		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
STREET ADDRESS 1462 FRIENDSHIP WALKWAY	CITY-ST-ZIP FORT MYERS, FL 33907		TITLE <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
NAME FLETCHER, DEBORAH G	STREET ADDRESS 1462 FRIENDSHIP WALKWAY		CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
CITY-ST-ZIP FORT MYERS, FL 33901	TITLE <div style="text-align: right;"><input type="checkbox"/> Delete</div>		NAME <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
STREET ADDRESS <div style="text-align: right;"><input type="checkbox"/> Delete</div>	CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		NAME <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Delete</div>	CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		NAME <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Delete</div>	CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		NAME <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <u>Michael Fletcher M.D.</u> 3/9/05 239/947-7246 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					