


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000081260  
 1. Entity Name  
 ROGER L. GUNDER, PH.D., M.S., P.A.



Principal Place of Business      Mailing Address  
 42 BARKLEY CIRCLE STE 1      42 BARKLEY CIRCLE STE 1  
 FORT MYERS, FL 33907      FORT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**



07052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1031768      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 GUNDER, ROGER L PH.D MS  
 19000 WITTS END  
 ALVIA, FL 33920

**DO NOT WRITE IN THIS SPACE**

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 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUNDER, ROGER L PHD MS 19000 WITTS END ALVA, FL 33920
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U00000372080  
 07/11/05-80017-018 550.00

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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: [Signature]      07/06/05 (239) 936-8275  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #