2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90043 031 ***150.00

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1. Entity Name
ROBERT P. CASOLA, D.O., P.A.

Principal Place of Business	Mailing Address
SW FLA REGIONAL MEDICAL CENTER 3945 FOWLER STREET FORT MYERS, FL 33901	SW FLA REGIONAL MEDICAL CENTER 3945 FOWLER STREET FORT MYERS, FL 33901

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6570 Daniels Rd		6570 Daniels Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34109	Country	Zip: 34109	Country

4. FEI Number: 65-1096341 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEHOE, JOHN D
CHEFFY PASSIDOMO WILSON & JOHNSON LLP
821 FIFTH AVENUE SOUTH - SUITE 201
NAPLES, FL 34102

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDST ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CASOLA, ROBERT P D.O.	NAME	
STREET ADDRESS	~~3945 FOWLER STREET~~	STREET ADDRESS	6570 DANIELS RD
CITY-ST-ZIP	~~FORT MYERS, FL 33901~~	CITY-ST-ZIP	NAPLES, FL 34109
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [signature] President 2/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #