


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000033364**

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



Principal Place of Business      Mailing Address

6570 DANIELS RD      6570 DANIELS RD  
 NAPLES, FL 34109      NAPLES, FL 34109

**DO NOT WRITE IN THIS SPACE**



01182006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1096341      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

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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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PDST CASOLA, ROBERT P D.O. 6570 DANIELS RD NAPLES, FL 34109
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       Date: 1/26/06