

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000003957

1. Entity Name
STOEV & STOEV, M.D., P.A.



Principal Place of Business

8340 LAKEWOOD RANCH BLVD
STE 260
BRADENTON, FL 34202

Mailing Address

8340 LAKEWOOD RANCH BLVD
STE 260
BRADENTON, FL 34202



08252006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FTT Number
03-0412480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLTON, JOHN A
1776 RINGLING BLVD
SARASOTA, FL 34236

**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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: STOEV, STEVEN MD
STREET ADDRESS: 8340 LAKEWOOD RANCH BLVD STE 260
CITY-ST-ZIP: BRADENTON, FL 34202

TITLE: VP
NAME: GRANVILLE-STOEV, MURIEL MD
STREET ADDRESS: 8340 LAKEWOOD RANCH BLVD STE 260
CITY-ST-ZIP: BRADENTON, FL 34202

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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09/05/06-80008-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 of this report.

SIGNATURE:

SIGNATURE, IF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MURIEL GRANVILLE-STOEV)

8/27/2006 941-907-8700