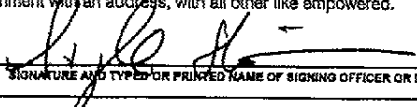


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 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
DO NOT WRITE IN THIS SPACE		
07132007 No Chg-P GR2E034 (11/05)		
4. FBI 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 1778 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 signature required when reappointing)		DATE 07/16/07-80011-024 150.00
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P STOEV, STEVEN MD 8340 LAKEWOOD RANCH BLVD STE 260 BRADENTON, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANVILLE-STOEV, MURIEL MD 8340 LAKEWOOD RANCH BLVD STE 260 BRADENTON, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		7/13/07 941-907-8700 Date Daytime Phone #