

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000027882

1. Entity Name
JOHN D. STRAUSBAUGH, D.O., P.A.



Principal Place of Business
16970 SAN CARLOS BLVD STE 7
FT MYERS, FL 33908

Mailing Address
16970 SAN CARLOS BLVD STE 7
FT MYERS, FL 33908

FILED
Feb 16, 2004 08:00 AM
Secretary of State



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3624441

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STRAUSBAUGH, JOHN D DO
16970 SAN CARLOS BLVD STE 7
FT MYERS, FL 33908

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
MD
STRAUSBAUGH, JOHN D DO
16970 SAN CARLOS BIRD STE 7
FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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02/16/04-80086-006 150.00

DO NOT WRITE
IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #