

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90110 037 ***150.00

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1. Entity Name

VILLAGE GYNECOLOGY, M.D., P.A.



Principal Place of Business

1501 U.S. HIGHWAY 441 NORTH
SUITE 1836 1830
THE VILLAGES, FL 32159

Mailing Address

1501 U.S. HIGHWAY 441 NORTH
SUITE 1836 1830
THE VILLAGES, FL 32159

DO NOT WRITE IN THIS SPACE



02092006

No Chg-P

CR2E034 (11/05)

4. FEI Number

04-3696693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEEPY, KATHLEEN A MD
1501 U.S. HIGHWAY 441 NORTH
SUITE 1836 1830
THE VILLAGES, FL 32159

**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

2-10-06

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
D
STEEPY, KATHLEEN A MD
1501 US HWY 441 N STE 1830
THE VILLAGES, FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-06