## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000072408**

1. Entity Name

G. FREDRICK HERDEL M.D., P.A.



**FILED** Feb 20, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

410 PALMETTO ST.

NEW SMYRNA BCH, FL 32168

410 PALMETTO ST. NEW SMYRNA BCH, FL 32168



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 02012006 No Chg-P Applied For 4. FEI Number 03-0467189 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pictors of registered agent.	urpose of changing its registered of	ice or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and title is	applicable (NOTE Registered Agent	sigr.alute	required when reinstating)	DAJE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	<u> </u>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERDEL, GEORGE F 410 PALMETTO ST. NEW SMYRNA BCH, FL 32168				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERDEL, JENNIFER A 410 PALMETTO ST NEW SMYRNA BEACH, FL 32168				000000439361 03/01/06-80042-024 150.00
TITLE NAME STREET AGORESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-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:

2-14-06