
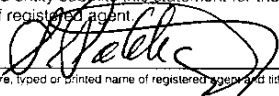
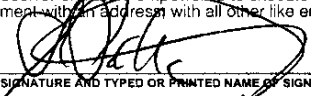


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 008 ***150.00

DOCUMENT # P02000084565					
1. Entity Name STEVEN H. PALETSKY, M.D., P.A.					
Principal Place of Business 7335 GLADIOLUS DRIVE FORT MYERS, FL 33908		Mailing Address 7335 GLADIOLUS DRIVE FORT MYERS, FL 33908			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3055505	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALETSKY, STEVEN H 7451 GLADIOLUS DRIVE FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name: PALETSKY STEVEN H Street Address (P.O. Box Number is Not Acceptable): 7335 GLADIOLUS DRIVE City: FORT MYERS FL Zip Code: 33908		
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: *  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALETSKY, STEVEN H		NAME		
STREET ADDRESS	7335 GLADIOLUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	MERRILL PALETSKY	
STREET ADDRESS			STREET ADDRESS	7335 GLADIOLUS DR	DIRECTOR
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERT SCAPAA	
STREET ADDRESS			STREET ADDRESS	7335 GLADIOLUS DR	DIRECTOR
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *  (NOTE: Registered Agent signature required when reinstating) DATE: _____ Daytime Phone # _____					

4002



04082006 Chg-P CR2E034 (11/05)

ATTACHMENT

40046698

P02000084565

6510

83-1482/67D
(01)

DATE 7/10/06

\$150.00

DOLLARS

GENE R. SOLOMON
CERTIFIED PUBLIC ACCOUNTANT
1342 COLONIAL BLVD., STE. 11
FORT MYERS, FL 33907

State of Florida
One hundred fifty dollars only

P02000084565

G. R. Solomon

COMMUNITY BANK
AN EQUUS BANK

FOR Steven Palotta M014

