



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90013 031 \*\*\*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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALETSKY, STEVEN H 7335 GLADIOLUS DR FORT MYERS, FL 33908		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D PALETSKY, STEVEN H <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	D PALETSKY, MERRILL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALETSKY, MERRILL	NAME	
STREET ADDRESS	7335 GLADIOLUS DR	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	D SEAPAA, ROBERT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAPAA, ROBERT	NAME	Scappa
STREET ADDRESS	7335 GLADIOLUS DR	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	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	
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 other like empowered.			
SIGNATURE: 		Date: 2/28/07	Daytime Phone #: (239) 669-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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4. FEI Number 74-3055505 Applied For Not Applicable

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