


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000023789

1. Entity Name
 CICOTTE D.C., P.A.



Principal Place of Business 16251 N CLEVELAND AVE #1 NORTH FORT MYERS, FL 33903	Mailing Address 16251 N CLEVELAND AVE #1 NORTH FORT MYERS, FL 33903
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04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1175008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ
 1105 CAPE CORAL PKWY EAST
 CAPE CORAL, FL 33904

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: Darrin Schutt Esq. DATE: 4/13/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DR CICOTTE, SCOTT S 16251 N. CLEVELAND AVE #1 N. FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICOTTE, LAUREN I 16251 N. CLEVELAND AVE #1 N. FORT MYERS, FL 33903
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 04/30/07-80021-014 150.00

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: [Signature] DATE: 4/13/07 TELEPHONE: 239-997-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR