


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90024 032 ***150.00

DOCUMENT # P03000053008			
1. Entity Name VINCENT VAN WINKLE M.D. P.A.			
Principal Place of Business 3920 BEE RIDGE ROAD E-5 SARASOTA FL 34233		Mailing Address 3920 BEE RIDGE ROAD E-5 SARASOTA FL 34233	
2. Principal Place of Business 3920 Bee Ridge Rd. Suite, Apt. #, etc. Ste E, Bldg E. City & State Sarasota, FL Zip 34233		3. Mailing Address 3920 Bee Ridge Rd. Suite, Apt. #, etc. Suite E Bldg E. City & State Sarasota, FL Zip 34233	
Country Sarasota		Country Sarasota	



1st MOORE CR2E034 (10/05)

4. FEI Number 54-2111480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VAN WINKLE, VINCENT M.D. 3920 BEE RIDGE ROAD E-5 SARASOTA FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **1/26/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete VAN WINKLE, VINCENT M.D. 3920 BEE RIDGE ROAD, E-5 SARASOTA FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1/30/06** 941-923-1861 Daytime Phone #