

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90001 035 ***150.00

DOCUMENT # P03000053008

1. Entity Name

VINCENT VAN WINKLE M.D. P.A.



Principal Place of Business

3920 BEE RIDGE ROAD
STE E., BLDG. E.
SARASOTA, FL 34233

Mailing Address

3920 BEE RIDGE ROAD
STE E., BLDG. E.
SARASOTA, FL 34233

40113988



07072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2111480

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
- Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| NAME | P VAN WINKLE, VINCENT M.D. |
| STREET ADDRESS | 3920 BEE RIDGE ROAD, E-5 |
| CITY-STATE-ZIP | SARASOTA, FL 34233 |
| HOME ADDRESS | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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IN THIS SPACE**

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:

V. J. Van Winkle V. J. Van Winkle

941-923-1061

7-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #