


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Nov 03, 2005 8:00 A.M.
Secretary of State

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|--|---|--|------|------------------|--|----------------|--------------------------------|--|-------------|--------------------|--|---|--|-------|------------------|--|------|----------------------------|--|----------------|--------------------|--|-------------|--|--|
| DOCUMENT # P03000101316 1. Entity Name MARY ROSE BOEHM, M.D., P.A. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1735 E HWY 50 STE B CLERMONT, FL 34711 1120 Citrus | | Mailing Address 1735 E HWY 50 STE B CLERMONT, FL 34711 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1120 Citrus Tower Blvd Suite, Apt. #, etc. Suite 130 City & State Clermont FL Zip 34711 | | 3. Address Mary Rose Boehm, M.D. 614 E. Highway 50, Box 304 Clermont, FL 34711 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 16-1683483 | | 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 GERACI, ANITA G 11635E HWY 50 STE B CLERMONT, FL 34711 | | 7. Name and Address of New Registered Agent 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 <u><i>M R Boehm MD</i></u> DATE <u>3/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOEHM, MARY ROSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4735 E HWY 50 STE B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table> | | TITLE | D | <input checked="" type="checkbox"/> Delete | NAME | BOEHM, MARY ROSE | | STREET ADDRESS | 4735 E HWY 50 STE B | | CITY-ST-ZIP | CLERMONT, FL 34711 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;">Boehm, Mary Rose</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>614 E. Highway 50, Box 304</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Clermont, FL 34711</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | Boehm, Mary Rose | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 614 E. Highway 50, Box 304 | | STREET ADDRESS | Clermont, FL 34711 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | BOEHM, MARY ROSE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4735 E HWY 50 STE B | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | Boehm, Mary Rose | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 614 E. Highway 50, Box 304 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | Clermont, FL 34711 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">TITLE</td> <td style="width:60%;"> </td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>M R Boehm MD</i></u> <u>3/15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REINSTATEMENT 05



02212005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1683483

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

GERACI, ANITA G
11635E HWY 50 STE B
CLERMONT, FL 34711

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

SIGNATURE *M R Boehm MD* DATE 3/15/05
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME BOEHM, MARY ROSE
STREET ADDRESS ~~4735 E HWY 50 STE B~~
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Boehm, Mary Rose
STREET ADDRESS 614 E. Highway 50, Box 304
CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M R Boehm MD* 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**Mary Rose Boehm, M.D., P.A.
614 E Highway 50, Box 304
Clermont, FL 34711**

October 26, 2005

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Mary Rose Boehm, M.D., P.A.
614 E Highway 50 Box 304
Clermont, FL 34711

Ref. Number: P03000101316

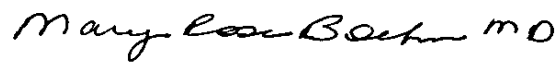
Dear Sir or Madam:

On October 17, 2005 you received my annual report (copy enclosed), with a check in the amount of \$550. I had moved my office and didn't receive the original notices sent to me until just recently, when they were forwarded to me by the new residents at the old address. After filing the report I received the attached correspondence dated 10/19/05 from your office requesting additional fees and stating that my corporation had not been reinstated. After a phone conversation with your office we were informed that the penalty might be waived due to the fact of not timely receiving the renewal notices.

I respectfully request, due to moving and not receiving the notices, that; 1) the corporation be reinstated, 2) the penalties be waived, and 3) a refund of the \$400 already paid be issued.

Thank you for your consideration and assistance in this matter.

Sincerely,



Mary Rose Boehm, M.D.