



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000121873 1. Entity Name SEAN R. DINGLE P.A.	
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Principal Place of Business 5741 BEE RIDGE ROAD, #370 SARASOTA, FL 34233	Mailing Address 5741 BEE RIDGE ROAD, #370 SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE


01112007 No Chg-P CR2E034 (11/05)
4. FEI Number
20-1657219
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**ANDERSON, JONATHAN T
3665 BEE RIDGE ROAD, #300
SARASOTA, FL 34233**

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

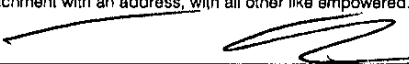
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINGLE, SEAN R 5741 BEE RIDGE ROAD, #370 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINGLE, KAREN 5741 BEE RIDGE ROAD, #370 SARASOTA, FL 34233
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**DO NOT WRITE
IN THIS SPACE**

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02/27/07-80016-020 150.00

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:  **Sean R Dingle MD** **2/7/07** **941-365-0655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #