


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 018 ***150.00

DOCUMENT # P05000063714

1. Entity Name
STEVEN SCHEER, M.D., INC.



Principal Place of Business Mailing Address
8340 LAKEWOOD RANCH BLVD., SUITE 180 BRADENTON FL 34202 **8340 LAKEWOOD RANCH BLVD., SUITE 180 BRADENTON FL 34202**



2. Principal Place of Business 3. Mailing Address
Boardwalk Bldg **8003 Honore Ave** **suite 101**

1st MOORE CR2E034 (10/05)

City & State Zip Country City & State Zip Country
Sarasota FL 34238 USA Sarasota FL 34238 USA

4. FEI Number Applied For
20-4030808 Not Applicable

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

6. Name and Address of Current Registered Agent
MIKOS, CYNTHIA A ESQ.
2018 EAST 4TH AVENUE
TAMPA FL 33605-5216

7. Name and Address of New Registered Agent
 Name **Steven Scheer**
 Street Address (P.O. Box Number is Not Acceptable) **4008 Cascade Falls Dr.**
 City **Sarasota FL** Zip Code **34243**

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 *Steven Scheer* **President** DATE **5/25/06**

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven Scheer 4008 Cascade Falls Dr. Sarasota, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Steven Scheer* DATE: **5/25/06** DAYTIME PHONE #: **941-927-9686**



ATTACHMENT

The Boardwalk Building | 6003 Honore Avenue, Suite 101 | Sarasota, Florida 34238
Phone: [941] 927.9686 | Fax: [888] 385.4149
www.snorenomore.com/sarasota

50020733
P05006063714
Steven J. Scheer, M.D.
Diplomat American Board
of Sleep Medicine

Specialists in Diagnosis & Treatment of Sleep Disorders

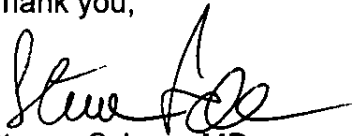
May 26, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I received the attached form today and understand that there will be no late penalty fee. Please contact me if you have any questions.

Thank you,


Steven Scheer, MD