2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-10-2006 90028 011 ***150.00

DOCUMENT # P05000113160

1. Entity Name
SUSAN STRICKLAND, DO, P.A.

Principal Place of Business	Mailing Address
5847 SUNNYSIDE LN FT MYERS, FL 33919	5847 SUNNYSIDE LN FT MYERS, FL 33919

66022330

07012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1328 Homestead Rd N	PO Box 7227
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Lehigh Acres FL	City & State: Fort Myers FL
Zip: 33936 Country: U.S. Lee	Zip: 33911 Country: U.S. Lee

4. FEI Number: 61729872 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRICKLAND, SUSAN 5847 SUNNYSIDE LN FT MYERS, FL 33919	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 ______
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 6, 2006

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST STRICKLAND, SUSAN 5847 SUNNYSIDE LN FT MYERS, FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Susan Strickland DO 7/5/06 239 368 2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #