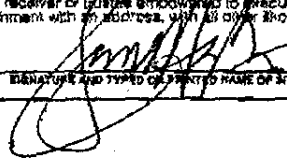


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000046503		
1. Entity Name JEANETTE BEVILACQUA, A.R.N.P., ED.D., P.A.		
Principal Place of Business 8660 COLLEGE PKWY SUITE 230 FT MYERS, FL 33919 US		Mailing Address 8660 COLLEGE PKWY SUITE 230 FT MYERS, FL 33919 US
DO NOT WRITE IN THIS SPACE		
		 05052004 No Chg-P CR25034 (10/03) 4. FEI Number 65-0413815 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BEVILACQUA, JEANETTE 8660 COLLEGE PKWY SUITE 230 FT MYERS, FL 33919 <i>* Did not receive registered notice</i>		DO NOT WRITE IN THIS SPACE
7. 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)		
FILE NOW! FEE IS \$150.00 Due by September 8, 2004		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees ☒ In accordance with s. 507.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVILACQUA, JEANETTE 8660 COLLEGE PKWY, STE 230 FT MYERS, FL 33919	
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TITLE 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 507, 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 empowers.		
SIGNATURE:  July 7, 04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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**DO NOT WRITE
IN THIS SPACE**