


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000084531 1. Entity Name AURICULAR THERAPY CENTER, INC.	
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Principal Place of Business LEE MEMORIAL HOSPITAL 2780 CLEVELAND AVENUE FT. MYERS, FL 33901 US	Mailing Address 1470 ROYAL PALM SQ BLVD. FORT MYERS, FL 33919 US
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04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0453939 ☐ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARTA, STEVEN
1619 JACKSON ST.
FT. MYERS, FL 33901

**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, 2006 Fee will be \$550.00

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

U00000557291
05/17/06-80043-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONNETTE, MARY L 1920 VIRGINIA AVE., #401 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERAGHTY, BARBARA DENA 1320 ALCAZAR AVENUE FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Mary Bonnette, President* 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #