

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90027 016 \*\*\*150.00

**DOCUMENT # P95000047544**

1. Entity Name

CHARLES A. PRENTICE, M.D., P.A.



Principal Place of Business

214 SOUTH PINE AVENUE  
INVERNESS, FL 34452 US

Mailing Address

214 SOUTH PINE AVENUE  
INVERNESS, FL 34452 US



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3313909

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE, CHARLES A M.D.  
214 SOUTH PINE AVENUE  
INVERNESS, FL 34452

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PRENTICE, CHARLES A M.D.  
STREET ADDRESS 214 SOUTH PINE AVENUE  
CITY-ST-ZIP INVERNESS, FL 34452

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Charles Prentice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6 7-3-06 352 726 9006

ATTACHMENT  
20649635

CHARLES A. PRENTICE, M.D.  
214 SOUTH PINE AVENUE  
INVERNESS FL 34452  
(352)726-9006

7/3/06

Division of Corporations  
P O Box 6198  
Tallahassee FL 32314-6198

Dear Sir,

RE: 2006 For Profit Corporation Annual Report

I received a notice of "intent to dissolve" the corporation. I never received the actual form that is ordinarily mailed to me for the May 1<sup>st</sup> deadline.

I am requesting that the late fee of \$400.00 be waived. Please review my record and you will see that these services are paid on time. I am enclosing a check for \$150.00. If you feel that the late fee can not be waived, please let me know as soon as possible.

I prefer to get my annual reports through the mail at this time.

Thank you for your consideration, it is greatly appreciated.

Sincerely,



Charles A. Prentice, M.D.

Document #P95000047544