

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000083831

1. Entity Name
SAMUEL T. PINOSKY, M.D., P.A.



Principal Place of Business
**5150 TAMiami TRAIL N
201
NAPLES, FL 34103 US**

Mailing Address
**7368 STONEGATE DR
NAPLES, FL 34109 US**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0619828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISHER, ALAN M ESQ.
6401 SOUTHWEST 87TH AVENUE
STE 200
MIAMI, FL 33173**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PINOSKY, SAMUEL T M.D.
STREET ADDRESS	7368 STONEGATE DR
CITY-ST-ZIP	NAPLES, FL 34109

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/25/05-80029-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel T. Pinosky M.D.
President

4/22/05

(239) 265-2385