


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-20, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000103614. 1. Entity Name REBECCA L. METROGEN, CRNA, P.A.	
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Principal Place of Business 702 BEACH DR. DESTIN, FL 32541	Mailing Address 702 BEACH DR. DESTIN, FL 32541
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-4808939	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent METROGEN, REBECCA L 702 BEACH DR. DESTIN, FL 32541

**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: Rebecca L. Metrogen, CRNA, P.A. DATE: 1/17/05
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D METROGEN, REBECCA L 702 BEACH DR. DESTIN, FL 32541
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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: Rebecca L. Metrogen, CRNA, P.A. DATE: 1/17/05 DAYTIME PHONE #: 850/837-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR