


**2004 FOR PROFIT CORPORAT ON  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000090776</b>	
1. Entity Name <b>STEPHEN F. SCHOLLE, M.D. P.A.</b>	

Principal Place of Business <b>1133 ESTERO BLVD STE 12 FORT MYERS, FL 33931</b>	Mailing Address <b>PO BOX 6970 FT MYERS BEACH, FL 33932</b>
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07052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0793123</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>SCHOLLE, STEPHEN F M.D. 1133 ESTERO BLVD SUITE #12 FORT MYERS BEACH, FL 33931</b>
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**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 taking) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

1100000165304  
07/12/04-00009-008 550.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHOLLE, STEPHEN F MD 1133 ESTERO BLVD FT MYERS BEACH, FL 33931</b>
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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:**  **Stephen F. Scholle, M.D.** **7/6/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

239-765-0007