

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090776

FILED
Mar 25, 2009
Secretary of State

Entity Name: STEPHEN F. SCHOLLE, M.D. P.A.

Current Principal Place of Business:

1133 ESTERO BLVD
STE 12
FORT MYERS, FL 33931

New Principal Place of Business:

1661 ESTERO BLVD
STE 1
FORT MYERS BEACH, FL 33931

Current Mailing Address:

PO BOX 6970
FT MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 65-0793123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLLE, STEPHEN F M.D.
1133 ESTERO BLVD
SUITE #12
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

SCHOLLE, STEPHEN F M.D.
1661 ESTERO BLVD
SUITE #1
FORT MYERS BEACH, FL 33931 US

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.

SIGNATURE:

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOLLE, STEPHEN F MD
Address: 1133 ESTERO BLVD
City-St-Zip: FT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHOLLE, STEPHEN F MD
Address: 1661 ESTERO BLVD SUITE #1
City-St-Zip: FT MYERS BEACH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN F SCHOLLE, M.D.

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date