



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90029 036 \*\*\*150.00

<b>DOCUMENT # P97000092879</b> 1. Entity Name <b>RALPH L. LERMAN, D.P.M., P.A.</b>					
Principal Place of Business 21654 BELHAVEN WAY ESTERO, FL 33928			Mailing Address 21654 BELHAVEN WAY ESTERO, FL 33928		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0793799</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOWERS, MICHAEL J CPA</b> <b>2040 VIRGINIA AVE</b> <b>FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> <b>LERMAN, RALPH L</b> <b>21654 BELHAVEN WAY</b> <b>ESTERO, FL 33928</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP</b> <b>LERMAN, ELLEN</b> <b>21654 BELHAVEN WAY</b> <b>ESTERO, FL 33928</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.					
<b>SIGNATURE:</b> 				<b>3-6-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	