

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097381

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: SHERYL B. SPIELMAN, M.D., P.A.

## Current Principal Place of Business:

3435 10TH STREET N  
STE 303  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

3435 10TH STREET N  
STE 303  
NAPLES, FL 34103 US

## New Mailing Address:

FEI Number: 65-0794573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIELMAN, SHERYL B M.D.  
199 VISTA LANE  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

SPIELMAN, SHERYL B M.D.PA.  
199 VISTA LANE  
NAPLES, FL 34119 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: SHERYL B SPIELMAN,MD.PA.

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SPIELMAN, SHERYL B M.D.  
Address: 199 VISTA LANE  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: SPIELMAN, SHERYL B M.D.PA  
Address: 199 VISTA LANE  
City-St-Zip: NAPLES, FL 34119

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: SHERYL B.SPIELMAN,MD.PA.

PRES

03/24/2008

Electronic Signature of Signing Officer or Director

Date