

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90071 018 \*\*\*150.00

**DOCUMENT # P98000000124**

1. Entity Name  
**ROBERT V. MANDRACCIA, M.D., INC.**



Principal Place of Business  
**3501 HEALTH CENTER DRIVE  
SUITE 2200  
BONITA SPRINGS, FL 34135**

Mailing Address  
**12670 NEW BRITTANY BLVD., STE. 101  
FORT MYERS, FL 33907**



01292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0804228**

Applied For  
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROYSTON, ROBERT D JR  
12670 NEW BRITTANY BLVD., STE. 101  
FORT MYERS, FL 33907**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
MANDRACCIA, ROBERT V  
3501 HEALTH CENTER DRIVE SUITE 2200  
BONITA SPRINGS, FL 34135** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert V. Mandraccia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/04 239-948-4009**  
Date Daytime Phone #