


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000083334 1. Entity Name G. MICHAEL SWOR, M.D., P.A.	
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Principal Place of Business 1617 SOUTH TUTTLE 1A SARASOTA, FL 34239 US	Mailing Address 1617 SOUTH TUTTLE 1A SARASOTA, FL 34239
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03092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0862994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SWOR, G. MICHAEL 1617 SOUTH TUTTLE AVE. SUITE 1A SARASOTA, FL 34239

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000478494
04/08/06-00008-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWOR, G M M.D. 1617 SOUTH TUTTLE AVE STE 1A SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFERSON, TERI 1617 SOUTH TUTTLE AVE STE 1A SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOURDEAUX, KIM 1617 SOUTH TUTTLE AVE STE 1A SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06 941-330-8885
Date Daytime Phone #