

**2008-FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000083334**

1. Entity Name  
G. MICHAEL SWOR, M.D., P.A.



Principal Place of Business

1617 SOUTH TUTTLE  
1A  
SARASOTA, FL 34239 US

Mailing Address

1617 SOUTH TUTTLE  
1A  
SARASOTA, FL 34239



01042008 No Chg-P CR2E034 (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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SWOR, G M M.D.  
STREET ADDRESS 1617 SOUTH TUTTLE AVE STE 1A  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE T  
NAME JEFFERSON, TERI  
STREET ADDRESS 1617 SOUTH TUTTLE AVE STE 1A  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE S  
NAME BOURDEAUX, KIM  
STREET ADDRESS 1617 SOUTH TUTTLE AVE STE 1A  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/02/08-80044-012 150.00

**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

Date

Daytime Phone #

3/12/08 941 330 8885