


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90001 013 \*\*\*550.00

<b>DOCUMENT # P98000103677</b>	
1. Entity Name DEAN L. RACKLEFF, M.D., P.A.	

Principal Place of Business <del>10609 CARROLLWOOD DRIVE</del> TAMPA FL 33618 4870 Coral Wood Dr. Naples, FL 34119	Mailing Address <del>10609 CARROLLWOOD DRIVE</del> TAMPA FL 33618 4870 Coral Wood Dr. Naples, FL 34119
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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2nd MOORE CR2E034 (5/05)

4. FEI Number 59-3555948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSEN CPA, NANCY J 9416 PEBBLE GLEN AVE. TAMPA FL 33647	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACKLEFF, DEAN L M.D. 10609 CARROLLWOOD DR. TAMPA FL 33618 4870 Coral Wood Dr. Naples, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:** Dean Rackleff MD 8/5/05 239-354-3339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #