

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000103677

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** DEAN L. RACKLEFF, M.D., P.A.

**Current Principal Place of Business:**

4870 CORAL WOOD DR  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4870 CORAL WOOD DR  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 59-3555948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRISON, FRANK CPA  
9420 BONITA BEACH RD.  
STE 200  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

SHAPERO, CHARLES CPA  
2111 DREW ST  
CLEARWATER, FL 33765 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:** CHARLES SHAPERO, CPA

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** RACKLEFF, DEAN L M.D.  
**Address:** 4870 CORAL WOOD DR  
**City-St-Zip:** NAPLES, FL 34119

I hereby 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 all other like empowered.

**SIGNATURE:** DEAN RACKLEFF

MD

04/20/2011

Electronic Signature of Signing Officer or Director

Date