

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000031995**

1. Entity Name

SWS of Naples, Inc.



FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 005 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6652 Trident Way

3. Mailing Address

6652 Trident Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

60031172 SPACE

City & State

NAPLES FL.

City & State

NAPLES FL.

4. FEI Number

59-3570305

Applied For

Not Applicable

Zip

Country

33108

Zip

Country

33108

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SUSAN W. SHORT

Street Address (P.O. Box Number is Not Acceptable)

6652 TRIDENT WAY

City

NAPLES

FL

Zip Code

34108

**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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRES
SUSAN W. SHORT
6652 TRIDENT WAY
NAPLES, FL 34108*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP
NAPLES, FL 34108

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan W. Short
Date *4/12/06* Daytime Phone # *239-591-1145*

CR2E034B (12/02)

RENEWAL APPLICATION FOR REGISTRATION
Under the Controlled Substances ActAPPROVED OMB NO 1117-0014
FORM DEA-224a (1-05)**ATTACHMENT****INSTRUCTIONS**

1. To renew by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Section 5 should be completed only if your information has changed.
4. Mail this form to the address provided in Section 6 or use enclosed envelope.
5. Include the correct payment amount. **FEE IS NON-REFUNDABLE.**
6. If you have any questions call 800-882-9539 prior to submitting your application.
7. Save time - renew online at www.deadiversion.usdoj.gov.

IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE.**REGISTRATION INFORMATION :**DEA # AW5038787 **C**
REGISTRATION EXPIRES 05/31/2006**SHORT, SUSAN W MD**
3425 10TH STREET N**NAPLES****FL 34103-0000**SHORT, SUSAN W MD
3425 10TH STREET N

NAPLES FL 34103 - 0000

**SCHEDULES: 2,2N,3,3N,4,5****FEE FOR THREE (3) YEARS IS \$390.00**
FEE IS NON-REFUNDABLE**SECTION 1****DRUG SCHEDULES**

Check all that apply

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Schedule II Narcotic | <input checked="" type="checkbox"/> Schedule III Narcotic | <input checked="" type="checkbox"/> Schedule IV |
| <input checked="" type="checkbox"/> Schedule II Non-Narcotic | <input checked="" type="checkbox"/> Schedule III Non-Narcotic | <input checked="" type="checkbox"/> Schedule V |

SECTION 2

- ☐
- Check this box if you need official order forms - for the purchase of schedule II narcotic/schedule II non-narcotic controlled substances.

SECTION 3**A. Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?****STATE LICENSE(S)**

YES NO

Be sure to include both
state license numbers
if applicable☒ ☐

ME 23952

State
License Number☐ ☐State Controlled Substance
License Number (if required)**LIABILITY****IMPORTANT:**If you answered yes to these
question(s) on previous
application, you must
continue to answer yes and
provide a statement of
explanation.All questions in this
section must be answered.

- B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?** YES NO ☐ ☒
- C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?** YES NO ☐ ☒
- D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?** YES NO ☐ ☒
- E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?** YES NO ☐ ☒

SECTION 4**EXPLANATION OF
"YES" ANSWERS**

Date(s) of incident: _____ Location(s) of incident: _____

Nature of incident: _____

Applicants who have
answered "YES" to
questions B, C, D, or E
above must provide
a statement to explain
such answersUse this space or attach
a separate sheet and
return with application

Result of incident: _____