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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	S57177	Secr DIVISION C	OF CORPOR	ATIONS				
JON F. STROHMEYER, M.D., P.A.								
rincipal Place of Business 1020 GOODLETTE RD. SUTIE 100 NAPELS FL 33940		Mailing Address 1020 GOODLETTE RD. SUTIE 100 NAPELS FL 33940				11 212 (1 414 (1	eigit biêlt têêt	
					3. Date Incorporated or Qualified			Report 95
Principal Place of Business	-	2a. Mailing Address 26			4. FEI Number 65-0270900			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	···-		5. Certificate of Status Desired		\$8.7	Not Applicable Additional
Dity & State		City & State			6. Election Campaign Financing		\$5.0	Required May Be
Co. 25	untry	Zip 29	Cou 30	intry	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	intangible ta		d to Fees 199,032,
	Idress of Current Re		[30]		10. Name and Address of New I	s 🔲 No Registered	Agent	
STROHEMYER, JON F. 1020 GOODLETTE RD SUITE 100				81 Name				
				82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
			83					
LADIES EL SASA								
NAPLES FL 33940				04				
NAPLES FL 33940 Pursuant to the provisions of Sign registered agent, or both, in facultar with, and account the of	ections 607,0502 and the State of Florida, S	d 607.1508, Florida Statu Such change was authorida SOV 0505, Florida Statute	ites, the abo	84 City ve-named corporation's boo	pration submits this statement for the pu ard of directors. I hereby accept the app	FL prose of cha	11	p Code registered offic Lagent, Lam
Pursuant to the provisions of Si or registered agent, or both, in artillar with, and accept the ob- IATURE Server types or present a	ections 607.0502 and the State of Florida, S oligations of, Section 6 are of regarded agent and to OF FICERS AND DIF	the if applicable (N	15.	- 7	ed when reinstating:	rpose of cha cointment as	inging its registered	registered offic Lagent, Lam
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attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR