2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 28, 2005 08:00 AM DOCUMENT # S57177 **Secretary of State** JON F. STROHMEYER, M.D., P.A. Mailing Address Principal Place of Business 702 GOODLETTE ROAD 702 GOODLETTE ROAD SUITE 100 Suite 100 NAPLES, FL 34102 US NAPLES, FL 34102 US No Chg-P CR2F034 (10/03) 01252005 Applied For 4. FEI Number 65-0270900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STROHEMYER, JON F. 702 GOODLETTE ROAD SUITE 100 NAPLES, FL 34102 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) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE STROHMEYER, JON F. MAME 702 GOODLETTE ROAD, #100 STREET ADDRESS CITY-ST-ZIP NAPLES, FL TITLE STROHMEYER, JON F. NAME 702 GOODLETTE ROAD, #100 STREET ADDRESS CITY-ST-ZIP NAPLES, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Jon T. Strohmeyer, MD

FILED

239.241-5527

Daytime Phone #