

JUN-29-2005 WED 11:23 AM BRIGID D SOLDAVINI, CPA

FAX NO. 941 591 2991

P. 02

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

|                                                                                        |                                                                                   |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V03308</b><br>1. Entity Name<br><b>DISTRICT 20 MEDICAL EXAMINER, INC</b> |  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>3838 DOMESTIC AVE<br/>NAPLES, FL 34104 US</b> | Mailing Address<br><b>3838 DOMESTIC AVE<br/>NAPLES, FL 34104 US</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|



06292005 No Chg-P CR2E094 (10/03)

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|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3094084</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>COBURN, MARTA U.<br/>3838 DOMESTIC AVE<br/>NAPLES, FL 33940</b> |
|---------------------------------------------------------------------------------------------------------------------------|

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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 date if applicable. (NOTE: Registered Agent signature required when relieving) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>COBURN, MARTA<br/>3838 DOMESTIC AVE<br/>NAPLES, FL 34104</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |

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07/05/05-80003-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/28/05 239-434-5000