

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V03685

1. Entity Name

CARLTON R. VOLLBERG, M.D., P.A.



Principal Place of Business

EMERALD SQUARE
2852 TAMAMI TRAIL, SUITE #6
PORT CHARLOTTE FL 33952

Mailing Address

2852 TAMAMI TRAIL
2852 TAMAMI TRAIL, SUITE #6
PORT CHARLOTTE FL 33952
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

FILED

04 OCT 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

Zip

Country

Zip

Country

Applied For
Not Applicable

4. FEI Number **65-0311558** \$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLLBERG, CARLTON R. M.D.
2852 TAMAMI TRAIL
STE 6
PORT CHARLOTTE FL 33952

Name

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

City

FL Zip Code

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

FILE NOW!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TONI VOLLBERG 2852 TAMAMI TRAIL, STE 6 PT CHARLOTTE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000041972080 10/19/04-01014-005 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>10/19/04</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Toni Vollberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/04 941 743 4445
Date Daytime Phone #



LoRicco, Crosland, Joiner & Company, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

EXCELLENCE SINCE 1973

CARLO J. LORICCO, C.P.A.
BRIAN W. CROSLAND, C.P.A.
J. SCOTT JOINER, C.P.A., C.V.A.

~~SCOTT J. JOINER, C.P.A., C.V.A. /& J. SCOTT JOINER, C.P.A., C.V.A.~~

KIMBERLY R. TARTAGLIONE, C.P.A., C.V.A. /& J. SCOTT JOINER, C.P.A., C.V.A.

ALLYSON M. N. BARBER, C.P.A., C.V.A. /& J. SCOTT JOINER, C.P.A., C.V.A.
ERIC T. BLEDSOE
KRISTIE E. WELLS
GREG M. HILL, C.P.A.

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

AMERICAN SOCIETY OF
PENSION ACTUARIES

NATIONAL ASSOCIATION OF
CERTIFIED VALUATION ANALYSTS

October 4, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Carlton R. Vollberg, M.D., P.A., EIN# 65-0311558

Enclosed please find the 2004 For Profit Corporation Annual Report (AR) for Carlton R. Vollberg, M.D., P.A. Please accept this annual report and waive the \$400.00 late fee for the reason that Carlton R. Vollberg, M.D., P.A. did not receive any prior notices regarding the 2004 annual report. In addition, please accept this annual report on a timely basis as Carlton R. Vollberg, M.D., P.A. was unable to submit this report due to the recent hurricane activity in Charlotte County, Florida.

Thank you for your consideration in this matter. Please call me should you have any questions.

Very truly yours,

Kristie Wells

Kristie Wells

For the Firm

Enclosure