

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V03685

1. Entity Name

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



FILED

04 OCT 19 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0311558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLLBERG, CARLTON R. M.D.  
2852 TAMiami 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 D ☐ Delete  
NAME TONI VOLLBERG  
STREET ADDRESS 2852 TAMiami TRAIL, STE 6  
CITY-ST-ZIP PT CHARLOTTE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000041972080  
10/19/04--01014--005 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10/10/21

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/04 941 743 4445



# 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.

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

AMERICAN SOCIETY OF  
PENSION ACTUARIES

NATIONAL ASSOCIATION OF  
CERTIFIED VALUATION ANALYSTS

KIMBERLY R. TARTAGLIONE

ALLYSON M. N. BARBER

ERIC T. BLEDSOE

KRISTIE E. WELLS

GREG M. HILL, C.P.A.

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