

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 545306

FILED  
Jan 16, 2005  
Secretary of State

Entity Name: DR. NEIL B. TENZER, P.A.

**Current Principal Place of Business:**

2645 N.E. 186TH ST  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2301 N 56 TERR  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 59-1772004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TENZER, NEIL B PRES.  
2301 N. 56 TERR.  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TENZER, NEIL,  
Address: 2301 N 56 TERR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: TENZER, NEIL,  
Address: 2301 N 56 TERR  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TENZER, NEIL,  
Address: 2301 N 56 TERR  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: S (X) Change ( ) Addition  
Name: TENZER, JAN MRS.  
Address: 2301 N 56 TERR  
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. NEIL B. TENZER

PD

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date