


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90101 011 \*\*\*150.00

**DOCUMENT # 603383**

1. Entity Name  
LITZENBLATT, PEICHER AND LOPEZ, M.D., P.A.



Principal Place of Business  
4701 N. FEDERAL HIGHWAY  
SUITE A-10  
FT. LAUDERDALE, FL 33308

Mailing Address  
4701 N. FEDERAL HIGHWAY  
SUITE A-10  
FT. LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1378614	Applied For 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

LITZENBLATT, IRA M  
4701 N FEDERAL HWY A-10  
FT. LAUDERDALE, FL 33308

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITZENBLATT, IRA M. 4701 N FEDERAL HWY A-10 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEICHER, JACK 4701 N FEDERAL HWY., A--10 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, ARTURO 4701 N. FEDERAL HWY A-10 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(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:** \_\_\_\_\_  
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 04/28/05 (054) 751-1100  
Date Daytime Phone