

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-13-2005 90059 039 ***150.00
04-20-2005 90315 017 ***150.00

DOCUMENT # P04000002388 1. Entity Name SCOTT M. STENGEL, M.D. P.A.					
Principal Place of Business 430 N. MILLS AVE. ORLANDO, FL 32803				Mailing Address 430 N. MILLS AVE. ORLANDO, FL 32803	
2. Principal Place of Business 1112 W Dixie Ave Suite, Apt. #, etc.		3. Mailing Address 1112 W Dixie Ave Suite, Apt. #, etc.			
City & State Leesburg, FL		City & State Leesburg, FL		4. FEI Number 20-0603289	
Zip 34748		Country Lake		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 N. MILLS AVE. ORLANDO, FL 32803				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STENGEL, SCOTT M 1112 WEST DIXIE AVE. LEESBURG, FL 34748 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 507, 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:			Date: 3/31/05 Daytime Phone #		