

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000087864

**FILED  
Jan 12, 2008  
Secretary of State**

**Entity Name:** STACY E. SEIKEL, M.D., P.A.

**Current Principal Place of Business:**

4401 S ORANGE AVE - STE 117  
ORLANDO, FL 32806

**New Principal Place of Business:**

1118 S ORANGE AVE  
STE. 202  
ORLANDO, FL 32806

**Current Mailing Address:**

4401 S ORANGE AVE - STE 117  
ORLANDO, FL 32806

**New Mailing Address:**

1118 S ORANGE AVE  
STE 202  
ORLANDO, FL 32806

**FEI Number:** 20-5136893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

W&P SERVICES, INC.  
450 N WYMORE RD  
WINTER PARK, FL 32789 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: DPTS ( ) Delete  
Name: SEIKEL, STACY E M.D.  
Address: 4401 S ORANGE AVE - STE 117  
City-St-Zip: ORLANDO, FL 32806

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

Title: DPTS (X) Change ( ) Addition  
Name: SEIKEL, STACY E M.D.  
Address: 1118 S ORANGE AVE - STE 202  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STACY E. SEIKEL

MD

01/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date