

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087864

FILED
Jan 18, 2009
Secretary of State

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

Current Principal Place of Business:

1118 S ORANGE AVE
STE. 202
ORLANDO, FL 32806

New Principal Place of Business:

1118 S ORANGE AVE
STE. 202
ORLANDO, FL 32806 US

Current Mailing Address:

1118 S ORANGE AVE
STE 202
ORLANDO, FL 32806

New Mailing Address:

3870 TUCKS PT
WINTER PARK, FL 32792 US

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:

SEIKEL, STACY E MD
3870 TUCKS PT
WINTER PARK, FL 32792 US

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: STACY SEIKEL, MD

01/18/2009

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: 1118 S ORANGE AVE - STE 202
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: SEIKEL, STACY E M.D.
Address: 3870 TUCKS PT
City-St-Zip: WINTER PARK, FL 32792 US

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 SEIKEL, MD

DPTS

01/18/2009

Electronic Signature of Signing Officer or Director

Date