2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90113 025 ***150.00

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1. Entity Name
JEFFREY GALITZ, M.D., D.P.M., P.A.

24044826

04092004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
% JEFFREY GALITZ, M.D., D.P.M. 210 S. FEDERAL HIGHWAY, SUITE 401 HOLLYWOOD, FL 33020	% JEFFREY GALITZ, M.D., D.P.M. 210 S. FEDERAL HIGHWAY, SUITE 401 HOLLYWOOD, FL 33020

2. Principal Place of Business	3. Mailing Address
3700 Washington St.	3700 Washington St.
Suite, Apt. #, etc.: Suite 403	Suite, Apt. #, etc.: Suite 403
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

4. FEI Number: 65-0443335 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALITZ, JEFFREY MD DPM
210 S. FEDERAL HIGHWAY
SUITE 401
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name: Jeffrey Galitz MD DPM
Street Address (P.O. Box Number is Not Acceptable): 3700 Washington St. Ste. 403
City: Hollywood **FL** Zip Code: 33021

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 X [signature] 4/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GALITZ, JEFFREY	
STREET ADDRESS	210 S. FEDERAL HWY., SUITE 401	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	3700 Washington St. Ste. 403	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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: X [signature] 4/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #