


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000020619
 1. Entity Name
 WEITZ & RITTER, M.D., P.A.



Principal Place of Business 6150 SW 72ND STREET MIAMI, FL 33143	Mailing Address 6150 SW 72ND STREET MIAMI, FL 33143
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04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0900871	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FREUND, IRWIN B
 10729 SW 104 ST
 MIAMI, FL 33176

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P WEITZ, MICHAEL A 6150 SW 72ND STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITTER, JEFFREY 6150 SW 72ND STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESOLO, SANTIAGO 6150 SW 72ND STREET MIAMI, FL 33143
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 05/08/06-80099-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 entities.

SIGNATURE: Michael A Weitz MD DATE: 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael A WEITZ MD