


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
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

DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0900871

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

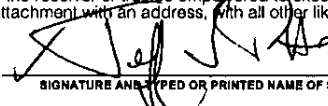
10. OFFICERS AND DIRECTORS

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 DESCLO, SANTIAGO 6150 SW 72ND STREET MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/13/07-80001-012-150.00

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 empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/07 Daytime Phone #: 305-661-2299