

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90241 030 ***150.00

DOCUMENT # 503930

1. Entity Name

HOWARD H. SCHLITT, D.O., P.A.



Principal Place of Business

5333 N DIXIE HWY
#204
OAKLAND PARK FL 33334

Mailing Address

5333 N DIXIE HWY
#204
OAKLAND PARK FL 33334

2. Principal Place of Business

5333 N. DIXIE HWY
Suite, Apt. #, etc.
OAKLAND PARK FL.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

33334

City & State

Zip

Country

BROWARD

Zip

Country

4. FEI Number

59-1678010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

SCHLITT, HOWARD H
1320 NE 27 WAY
POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

HOWARD H. SCHLITT

Street Address (P.O. Box Number is Not Acceptable)

2021 NE 29 ST

City

WIGHTHOUSE POINT

FL

Zip Code
33064

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

Howard H. Schlitt

HOWARD H. SCHLITT

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME SCHLITT, HOWARD H.
STREET ADDRESS 1320 N.E. 27TH WAY
CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Howard H. Schlitt

2003 Howard H. Schlitt

7-20-04

954-565-6624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #