


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 504663 1. Entity Name NEIL KATZ, M.D., P.A.	
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Principal Place of Business 3000 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3000 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1673990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FINE, STEVEN
109 SE 9TH ST
FT LAUDERDALE, FL 33309

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KATZ, NEIL 11379 NW 11TH CT CORAL SPRINGS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KATZ, NEIL 11379 NW 11TH CT CORAL SPGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KATZ, NEIL 11379 NW 11TH CT CORAL SPRINGS FL,
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04/19/04-80039-017 150.00

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IN THIS SPACE**

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:  Neil Katz, M.D. Date: 4-15-04 Daytime Phone #: 954 753-0300