

**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.



Principal Place of Business      Mailing Address  
 3000 N UNIVERSITY DRIVE      3000 N UNIVERSITY DRIVE  
 CORAL SPRINGS, FL 33065      CORAL SPRINGS, FL 33065



01052004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-1673990      Not Applicable

5. Certificate of Status Desired        \$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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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.        \$5.00 May Be Added to Fees

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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000117933  
 04/19/04-80039-017 150.00

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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 #: 954 953-0300