

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 504663

FILED
Jul 03, 2006
Secretary of State

Entity Name: NEIL KATZ, M.D., P.A.

Current Principal Place of Business:

3000 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

3000 N UNIVERSITY DRIVE
R
CORAL SPRINGS, FL 33065

Current Mailing Address:

3000 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

3000 N UNIVERSITY DRIVE
R
CORAL SPRINGS, FL 33065

FEI Number: 59-1673990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATZ, NEIL,
Address: 11379 NW 11TH CT
City-St-Zip: CORAL SPRINGS FL,

Title: S (X) Delete
Name: KATZ, NEIL,
Address: 11379 NW 11TH CT
City-St-Zip: CORAL SPGS, FL

Title: TD (X) Delete
Name: KATZ, NEIL,
Address: 11379 NW 11TH CT
City-St-Zip: CORAL SPRINGS FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: KATZ, NEIL
Address: 11379 NW 11TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL KATZ, M.D.

PDST

07/03/2006

Electronic Signature of Signing Officer or Director

Date