

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 504663

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



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

Mailing Address
3000 N UNIVERSITY DRIVE
R
CORAL SPRINGS, FL 33065



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	KATZ, NEIL
STREET ADDRESS	11379 NW 11TH CT
CITY - ST - ZIP	CORAL SPRINGS, FL 33071

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

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04/19/07-80046-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4-5-07 954 753-0300
Date Daytime Phone #