

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90027 039 ***150.00

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01172005 Chg-P CR2E034 (10/03)

| | | | |
|---|---|---|--|
| DOCUMENT # 508227 1. Entity Name RICHARD WEIZENECKER, M. D., P. A. | | | |
| Principal Place of Business 4205 S STATE RD 47 LAKE CITY, FL 32025 US | | Mailing Address 4205 S STATE RD 47 LAKE CITY, FL 32025 US | |
| 2. Principal Place of Business 1297 SW State Rd 47 | | 3. Mailing Address 1297 SW State Rd 47 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lake City, FL | | City & State Lake City, FL | |
| Zip 32025 | | Zip 32025 | |
| Country | | Country | |
| 4. FEI Number 59-1687595 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEIZENECKER, RICHARD 4205 S STATE RD 47 LAKE CITY, FL 32025 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1297 SW State Rd 47 City Lake City FL Zip Code 32025 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEIZENECKER, RICHARD 4205 S STATE RD 47 LAKE CITY, FL 32025 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1297 SW State Rd 47 Lake City, FL 32025 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Richard Weizenecker MD PA</u> 02.01.05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |