


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 046 ***158.75

DOCUMENT # 556310
 1. Entity Name
STEPHEN B. MAZER, M.D., P.A.



Principal Place of Business
**2467 ENTERPRISE RD
 SUITE F
 CLEARWATER FL 33763**

Mailing Address
**2467 ENTERPRISE RD
 SUITE F
 CLEARWATER FL 33763**

2. Principal Place of Business
2467 ENTERPRISE RD.

Suite, Apt. #, etc.
SUITE C

City & State
CLEARWATER FL.

3. Mailing Address
2467 ENTERPRISE RD

Suite, Apt. #, etc.
SUITE C

City & State
CLEARWATER FL.



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1839341** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **33763** Country **USA** Zip **33763** Country **USA**

6. Name and Address of Current Registered Agent
**MAZER, STEPHEN B
 2467 ENTERPRISE RD
 SUITE F
 CLEARWATER FL 34623**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2467 ENTERPRISE RD.
SUITE C
 City **CLEARWATER FL** Zip Code **33763**

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 _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME MAZER, STEPHEN B	
STREET ADDRESS 3155 ROLLINGSWOODS DR	
CITY-ST-ZIP PALM HARBOR FL 34863	
TITLE PT	<input type="checkbox"/> Delete
NAME MAZER, STEPHEN B	
STREET ADDRESS 3155 ROLLIGNWOODS DR	
CITY-ST-ZIP PALM HARBOR FL 34863	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stephen B. Mazer 3-8-05 (727) 7962498
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #