

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556310

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: STEPHEN B. MAZER, M.D., P.A.

**Current Principal Place of Business:**

1501 NORTH BELCHER ROAD  
SUITE 199  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

1501 NORTH BELCHER ROAD  
SUITE 199  
CLEARWATER, FL 33765

**New Mailing Address:**

FEI Number: 59-1839341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAZER, STEPHEN B  
1501 NORTH BELCHER ROAD  
SUITE 199  
CLEARWATER, FL 33765 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MAZER, STEPHEN B  
Address: 3155 ROLLINGSWOODS DR  
City-St-Zip: PALM HARBOR, FL 34863

Title: PT      ( ) Delete  
Name: MAZER, STEPHEN B  
Address: 3155 ROLLIGNWOODS DR  
City-St-Zip: PALM HARBOR, FL 34863

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR.      (X) Change ( ) Addition  
Name: MAZER, STEPHEN B  
Address: 3155 ROLLINGSWOODS DR  
City-St-Zip: PALM HARBOR, FL 34863

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN B. MAZER

DR

04/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date