


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 576919</b> 1. Entity Name LAWRENCE B. SAVITSKY, M.D., P.A.	
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Principal Place of Business 1615 PASADENA AVENUE SOUTH SUITE 430 ST. PETERSBURG, FL 33707	Mailing Address 1615 PASADENA AVENUE SOUTH SUITE 430 ST. PETERSBURG, FL 33707
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1835561	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SAVITSKY, LAWRENCE B.  
1615 PASADENA AVENUE SOUTH  
SUITE 430  
ST. PETERSBURG, FL 33707

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000682340 04/04/07-80081-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVITSKY, LAWRENCE B. 1615 PASADENA AVE. SOUTH, STE.430 ST. PETERSBURG, FL 33707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #