## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # 576919**

1. Entity Name

LAWRENCE B. SAVITSKY, M.D., P.A.



**FILED** Jan 09, 2008 08:00 A Secretary of State

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



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01032008

4. FEI Number 59-1835561

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered office of	registered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Agent signat	ne required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIREC	CTORS		
NAME STREET ADDRESS CHY-ST-ZIP	PD_ SAVITSKY, LAWRENCE B. 1615 PASADENA AVE. SOUTH, STE. ST. PETERSBURG, FL 33707	.430	. <del>.</del>	U00000776887 - 01/09/08-80043-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			
NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filling 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 inside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter as a native than the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or inside 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 ddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR