


FILED
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Secretary of State

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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 576919

1. Entity Name
LAWRENCE B. SAVITSKY, M.D., P.A.



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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-1835561** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$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 SAVITSKY, LAWRENCE B. 1615 PASADENA AVE. SOUTH, STE.430 ST. PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(1), 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:  **LAWRENCE B. SAVITSKY** *29 July 2003* (727) 384-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E034 (10/02)

Attachment #

80136019

LAWRENCE B. SAVITSKY, M.D., P.A.
1615 PASADENA AVENUE SOUTH
SUITE 430
ST. PETERSBURG, FL 33707

July 29, 2003

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Lawrence B. Savitsky, M.D., P.A.
Document #576919

Enclosed please find my 2003 Uniform Business Report which I downloaded from the computer. I did not receive my 2003 report in the mail. As you can see by my past record, I have always paid my annual fee on time for the past 25 years. In view of this I would appreciate waiver of the penalty.

In am enclosing a check for \$150.00 with the report.

Thank you for your consideration in this matter.

Sincerely,



Lawrence B. Savitsky, M.D.
President