

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 595593**

1. Entity Name

STEPHEN M. KREITZER, M.D., P.A.



Principal Place of Business

MEMORIAL MEDICAL BLDG.  
2919 SWANN AVENUE #105  
TAMPA, FL 33609

Mailing Address

MEMORIAL MEDICAL BLDG.  
2919 SWANN AVENUE #105  
TAMPA, FL 33609



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1860827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KREITZER, STEPHEN M., M.D.  
4917 ANDROS DR  
TAMPA, FL 33629

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000544129  
05/11/06-80023-009 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KREITZER, STEPHEN M.  
STREET ADDRESS 4917 ANDROS DR  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen Kreitzer 4/26/06 877-5337 (813)