

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595593

FILED
Jan 26, 2009
Secretary of State

Entity Name: STEPHEN M. KREITZER, M.D., P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1860827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KREITZER, STEPHEN M., M.D.
5823 BOWEN DANIEL DRIVE
706
TAMPA, FL 33629 US

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:

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: KREITZER, STEPHEN M
Address: 4917 ANDROS DRIVE
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: KREITZER, STEPHEN M
Address: 5823 BOWEN DANIEL DR. #706
City-St-Zip: TAMPA, FL 33616 US

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 M. KREITZER

DR.

01/26/2009

Electronic Signature of Signing Officer or Director

Date