

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600377

FILED
Jan 04, 2005
Secretary of State

Entity Name: KATZ, STOLZENBERG & DREXLER, M.D.'S, P.A.

Current Principal Place of Business:

4701 NORTH MERIDIAN AVENUE
RADIOLOGY DEPT.
MIAMI BEACH, FL 33140

New Principal Place of Business:

4300 ALTON ROAD
RADIOLOGY DEPT.
MIAMI BEACH, FL 33140

Current Mailing Address:

2131 N.E. 212TH STREET
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-1218940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREXLER, ALAN
2131 NE 212 STREET
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DREXLER, ALAN,
Address: 2131 N.E. 212TH STREET
City-St-Zip: N MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN DREXLER

PD

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date