


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 011 ***150.00

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| DOCUMENT # 603383 1. Entity Name LITZENBLATT, PEICHER AND LOPEZ, M.D., P.A. |  |
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| Principal Place of Business 4701 N. FEDERAL HIGHWAY SUITE A-10 FT. LAUDERDALE, FL 33308 | Mailing Address 4701 N. FEDERAL HIGHWAY SUITE A-10 FT. LAUDERDALE, FL 33308 |
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-1378614 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LITZENBLATT, IRA M 4701 N FEDERAL HWY A-10 FT. LAUDERDALE, FL 33308 |
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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 reinstating) DATE

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LITZENBLATT, IRA M. 4701 N FEDERAL HWY A-10 FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD PEICHER, JACK 4701 N FEDERAL HWY., A--10 FT LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD LOPEZ, ARTURO 4701 N. FEDERAL HWY A-10 FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **DATE:** 04/28/05 **TIME:** 11:00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR