

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603919

FILED
Jun 29, 2005
Secretary of State

Entity Name: DANIEL SECKINGER, M.D. AND ASSOCIATES, P.A.

Current Principal Place of Business:

5900 SW 73RD STREET
SUITE 208
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

5900 SW 73RD STREET
SUITE 208
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-1428009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SECKINGER, DANIEL MD
5900 SW 73RD STREET
SUITE 208
SOUTH MIAMI, FL 33143 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: SECKINGER, DANIEL, M. .D.
Address: 5900 SW 73RD STREET, STE 208
City-St-Zip: SOUTH MIAMI, FL 33143

Title: S () Delete
Name: SECKINGER, PATRICIA
Address: 5900 SW 73RD STREET, STE 208
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DANIEL SECKINGER

PRES

06/29/2005

Electronic Signature of Signing Officer or Director

Date