## • 24 5 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #644467** 1. Entity Name RAYMOND E. SCHWARTZ, P.A. Principal Place of Business Mailing Address 3015 S CONGRESS AVE 3015 S CONGRESS AVE LAKEWORTH, FL 33461-9111 LAKEWORTH, FL 33461-9111 DO NOT WRITE IN THIS SPACE

**FILED** Apr 17, 2006 08:00 AN Secretary of State

Applied For



No Chg-P CR2E034 (11/05) 01202006 4. FEI Number

59-1954957 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, RAYMOND E 7150 W LAKE DRIVE LAKE CLARKE SHRS, FL 33406

## DO NOT WRITE IN THIS SPACE

4-12-06

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		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Se  Trust Fund Contribution   Added to Fees		
10.	OFFICERS AND DIRECTORS	
title Name Street address City-St-Zip	PST SCHWARTZ, RAYMOND E 7150 W LAKE DR LAKE CLARKE SHRS, FL 33406	000000\$10\$61 04/29/06-8000\$-024_1\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, RAYMOND E 7150 W LAKE DR LAKE CLARKE SHRS, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS OTTY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 of 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 <b>PAYMOND E. SCHWARTZ, O.D., P.A.</b>		

PALM SPRINGS, FL 33461-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING 3018 SUBTRICONGRESS AVE.