2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Jan 20, 2005 08:00 AM Secretary of State

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1. Entity Name

LAWRENCE BEROZA, M.D., P.A.



Principal Place of Business—

250 PROFESSIONAL BLDG, SUITE 200

250 DIXIE BLVD.

DELRAY BEACH, FL 33444

Mailing Address

250 PROFESSIONAL BLDG, SUITE 200 250 DIXIE BLVD. DELRAY BEACH, FL 33444



01122005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1949685

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

		in a manual transfer to the property of the pr
7	Manage and A	Address of Current Registered Agent

BEROZA, LAWRENCE 250 DIXIE BLVD.

SIGNATURE:

SIGNATURE AND TYPED

DELRAY BEACH, FL 33444

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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 game of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10.	ÖFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD BEROZA, LAWRENCE 250 DIXIE BLVD. DELRAY BEACH, FL								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/21/05-80036-019 150.00				
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-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 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 tigstee 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 asset section.									

BRINTED NAME OF SIGNING DEFICER OR DIRECTOR