

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 690295

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: DAVID STOLER, M.D., P.A.

**Current Principal Place of Business:**

P O BOX 7352  
WINTER HAVEN, FL 33883

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7352  
WINTER HAVEN, FL 33883

**New Mailing Address:**

FEI Number: 59-2100095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOLER, DAVID  
44 LAKE ELOISE COURT  
WINTER HAVEN, FL 33884 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: PSTD ( ) Delete  
Name: STOLER, DAVID MD  
Address: 44 LAKE ELOISE CT  
City-St-Zip: WINTER HAVEN, FL 33884

**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: DAVID STOLER MD

PSTD

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date