2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #692669

1. Entity Name

STUART B. STRIKOWSKY, D.O., P.A.



FILED
Mar 24, 2008 08:00 A
Secretary of State

Principal Place of Business

2724 PARK DRIVE CLEARWATER, FL 33763 Mailing Address

2724 PARK DRIVE CLEARWATER, FL 33763



03042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2109089

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRIKOWSKY, STUART B 2724 PARK DRIVE CLEARWATER, FL 33763

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`		IN I HIS 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) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Fina Trust Fund Contribution.	\$5.00 May Be Added to Fees	(104K98K98-89957-6013 150.00	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DP STRIKOWSKY, STUART B 2724 PARK DR. CLEARWATER, FL 33763				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		DO	NOT WRITE	
THILE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Stranger 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR

3/20/08 796,2444

Daytime Phone