


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90222 001 \*1,500.00

**DOCUMENT # F02000001060**

1. Entity Name  
**LAWRENCE J. ALTER, M.D., P.A.**



Principal Place of Business  
**P.O. BOX 120549  
 ARLINGTON, TX 76012**

Mailing Address  
**P.O. BOX 120549  
 ARLINGTON, TX 76012**

66015040

2. Principal Place of Business  
**1001 Waldrop Dr.**

3. Mailing Address  
**P.O. Box 120549**

Suite, Apt. #, etc.  
**# 708**

Suite, Apt. #, etc.



04112005 Chg-P CR2E034 (10/03)

City & State  
**Arlington, TX**

City & State  
**Arlington, TX**

Zip  
**76012**

Country  
**USA**

Zip  
**76012**

Country  
**USA**

4. FEI Number  
**75-2045875**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARUNIAK, NICHOLAS A M.D.  
 1314 SUMTER STREET, SUITE 5  
 LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Nicholas A. Maruniak MD* DATE *4/28/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSCD ALTER, LAWRENCE J M.D. 1001 WALDROP DRIVE, SUITE 708 ARLINGTON, TX 76012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 empowered.

SIGNATURE: *Tom Hall CFO* DATE *4-27-05* 817-303-4521 x241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #