


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F09691

1. Entity Name
RAVITSKY AND HANNEY, D.O., P.A.



Principal Place of Business Mailing Address

4700 CONGRESS AVENUE, SUITE 202 **4700 CONGRESS AVENUE, SUITE 202**
WEST PALM BEACH, FL 33407 **WEST PALM BEACH, FL 33407**

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2034323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAVITSKY, MICHAEL A., D.O.
4700 CONGRESS AVENUE, SUITE 202
WEST PALM BEACH, FL 33407

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAVITSKY, MICHAEL A. 19890 LOXAHATCHEE PT. DR. JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANNEY, DENNIS E. 111 CLIPPER LANE JUPITER, FL
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05/03/05-80060-022 150.00

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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: *[Signature]* *[Signature]* *[Signature]*

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

4/29/05 501 848 97