

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 014 ***150.00

DOCUMENT # F28339

1. Entity Name

DAVID H. HOLT, M.D., P.A.



Principal Place of Business

%DAVID H. HOLT, 6405 N FEDERAL HWY
SUITE 100
FT. LAUDERDALE FL 33308
US

Mailing Address

%DAVID H. HOLT, 6405 N FEDERAL HWY
SUITE 100
FT. LAUDERDALE FL 33308
US

94019187



MOORE CR2E034 (11/03)

2. Principal Place of Business

DAVID H. HOLT, MD, PA
Medical Office Complex
6405 N Federal Hwy, Ste 100
Ft Lauderdale, FL 33308

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 59-2082334

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

HOLT, DAVID H
6405 N FEDERAL HWY STE 100
MEDICAL OFFICE COMPLEX
FT. LAUDERDALE FL 33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME HOLT, DAVID H
STREET ADDRESS 3200 PORT ROYALE DRIVE N, SUITE 612
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David H Holt MD PA 21204 9544936400