

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F28339

1. Entity Name

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



**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

DAVID H. HOLT, MD, PA  
6405 N FEDERAL HWY, STE. 100  
FT. LAUDERDALE FL 33308  
US

Mailing Address

DAVID H. HOLT, MD, PA  
6405 N FEDERAL HWY, STE. 100  
FT. LAUDERDALE FL 33308  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

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

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 is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DP  
HOLT, DAVID H  
3200 PORT ROYALE DRIVE N, SUITE 612  
FT LAUDERDALE FL 33308

☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

*David H. Holt MD PA*

2-21-07

9544936400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #