

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F45839**

1. Entity Name  
DR. SCOTT S. FOSTER, P.A.



Principal Place of Business  
% SCOTT S FOSTER  
2030 WASHINGTON STREET  
HOLLYWOOD, FL 33020

Mailing Address  
% SCOTT S FOSTER  
2030 WASHINGTON STREET  
HOLLYWOOD, FL 33020

FILED

04 JUL 13 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2140213

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FOSTER, SCOTT S  
2030 WASHINGTON STREET  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS 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)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
PSD  
FOSTER, SCOTT S  
2030 WASHINGTON STREET  
HOLLYWOOD, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY- ST- ZIP

500039534815  
07/26/04--01067--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

# Hollywood Chiropractic Associates

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2030 Washington Street  
Hollywood, Florida 33020  
(954) 925-7333  
Fax 925-7339

Dr. Scott S. Foster, P.A.  
Dr. Jeffrey M. Bronheim  
Dr. Tim G. Tsiotsias  
Chiropractic Physicians

July 2, 2004

Re: Dr. Scott S. Foster, P.A.

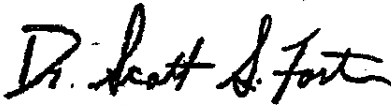
Dear State of Florida,

Enclosed please find my check for \$150.00 for the original fee. I apologize for sending this late, by my mother was terminally ill and subsequently passed away at the time these notices were due.

My history of 23 years of timely payments hopefully will show my intent.

Sincerely,

Dr. Scott S. Foster, P.A.



SSF/sp