


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F75743</b> 1. Entity Name H. MICHAEL SELTZER, M.D., P.A.	
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Principal Place of Business % H. MICHAEL SELTZER, M.D. 804 DUNLAWTON AVE. PORT ORANGE, FL 32127	Mailing Address % H. MICHAEL SELTZER, M.D. 804 DUNLAWTON AVE. PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2200200	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SELTZER, H. MICHAEL, M.D., P.A. 804 DUNLAWTON AVE. PORT ORANGE, FL 32019	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELTZER, H. MICHAEL, M.D. 804 DUNLAWTON AVE. PORT ORANGE, FL
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07/07/05-80013-009 158.75

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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:** H. Michael Seltzer M.D., P.A. 7/5/2005 386-788-4644

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