

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # F75743

1. Entity Name

H. MICHAEL SELTZER, M.D., P.A.



Principal Place of Business

% H. MICHAEL SELTZER, M.D.
804 DUNLAWTON AVE. UNIT 101
PORT ORANGE, FL 32127

Mailing Address

% H. MICHAEL SELTZER, M.D.
804 DUNLAWTON AVE. UNIT 101
PORT ORANGE, FL 32127



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2200200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELTZER, H. MICHAEL, M.D., P.A.
804 DUNLAWTON AVE.
UNIT 101
PORT ORANGE, FL 32127

**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 brief address (NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000791268
01/23/08-80068-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SELTZER, H. MICHAEL, M.D.
STREET ADDRESS 804 DUNLAWTON AVE.
CITY-ST-ZIP PORT ORANGE, FL 32127

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *H. Michael Seltzer M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. MICHAEL SELTZER, M.D.

Date

Daytime Phone #

1/16/2008 (386)-788-4644