


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # G56762	
1. Entity Name STEPHEN S. SCHER, M.D., P.A.	

Principal Place of Business % STEPHEN S SCHER MD 2150 LAKE IDA ROAD SUITE 7 DELRAY BEACH, FL 33445	Mailing Address % STEPHEN S SCHER MD 2150 LAKE IDA ROAD SUITE 7 DELRAY BEACH, FL 33445
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2317125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHER, STEPHEN S MD 2150 LAKE IDA ROAD SUITE 7 DELRAY BEACH, FL 33445
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**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 refusing.) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PD SCHER, STEPHEN S MD 2150 LAKE IDA RD STE 7 DELRAY BEACH, FL
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02/10/05-80052-001 150.00

**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)(f), 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: Stephen S. Scher MD 2/5/05 561-222-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #