


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H71231 1. Entity Name KAREN B. SCHICK, M.D., P.A.					
Principal Place of Business 601 SOUTH FLORIDA AVE #6 LAKELAND FL 33801			Mailing Address 601 SOUTH FLORIDA AVE #6 LAKELAND FL 33801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2576776				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent NASER, JOHN A. 5300 SOUTH FLORIDA AVENUE SUITE E-2 LAKELAND FL 33813			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) <small>Signature, typed or printed name of registered agent and title if applicable.</small> 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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHICK, KAREN B. 601 S. FLORIDA AVE #6 LAKELAND FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000630649 02/20/07-80014-017 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Karen B. Schick, MD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/15/07</u> Daytime Phone # <u>863 688 0841</u>		