## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38128

Entity Name: SNYDER AND LE, M.D., P.A.

PEMBROKE PINES, FL

City-St-Zip:

FILED Apr 25, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	AMINGO RD #3 KE PINES, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	MINGO RD #3 KE PINES, FL				
FEI Number	: 59-2731319	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
603 N FLA	ROBERT A MINGO RD #3 KE PINES, FL				
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SNYDER, RÔB 601 N. FLAMIN	) Delete ERT A., IGO RD., SUITE 206 INES, FL 33028	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	LE, PHI VAN	) Delete	Title: Name: Address	()Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SNYDER D 04/25/2005