


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90002 026 ***150.00

DOCUMENT # K64414

1. Entity Name
MARC S. FLESCHER, O.D., P.A.



Principal Place of Business Mailing Address

C/O MARC S. FLESCHER O.D. **2216 N. CONGRESS AVE**
2216 N. CONGRESS AVE. **BOYNTON BEACH, FL 33426** **US**
BOYNTON BCH., FL 33426 **US**

54073459



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. State, Apt. #, etc.

08192004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

65-0098246 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLESCHER, MARC S
2216 N. CONGRESS AVE
STE 36
BOYNTON, FL 33426

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLESCHER, MARC S.	
STREET ADDRESS	2216 N. CONGRESS AVE	
CITY - ST - ZIP	BOYNTON BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

I did not receive notice of this report prior to May 1.

Thank you,

Marc S. Flecher

12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Date:** **08/24/04** **Daytime Phone #:** **561-738-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR