

07/01/04 11:19 FAX 7866625397

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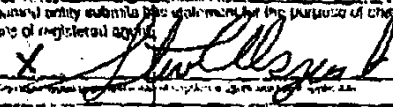
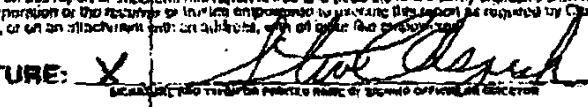
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JUL-01-2004 12:08

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90002 010 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M62281			
1. Entity Name OLSZEWSKI, STEVEN, M.D., P.A.			
Principal Place of Business 5920 S DIXIE HWY PENTHOUSE 3 MIAMI, FL 33143		Mailing Address 5920 S DIXIE HWY PENTHOUSE 3 MIAMI, FL 33143	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Name and Address of Current Registered Agent KLEIN, BRENT D. 801 BRICKELL AVE. SUITE 1901 MIAMI, FL 33131		5. Name and Address of New Registered Agent Name: Olsewski, Steven Street Address (P.O. Box Number is not acceptable): 5920 S Dixie Highway Penthouse 3 City: Miami State: FL Zip: 33143	
6. The filer certifies that the information furnished herein is true and correct and that the filer is the owner of the corporation or the person or persons in control of the corporation, and that the filer is the owner of the corporation or the person or persons in control of the corporation, and that the filer is the owner of the corporation or the person or persons in control of the corporation.			
SIGNATURE: 		DATE: 7-1-04	
FILE NOW! FEE IS \$550.00 Due by September 8, 2004		8. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD OLSZEWSKI, STEVEN, M.D. 5920 S DIXIE HWY PENTHOUSE 3 MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information reported with this filing does not comply for the corporation covered in Section 119.07(3)(b), Florida Statutes. I further certify that the information is not true and correct 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 person or persons in control of the corporation, and that my name appears in Block 10 or Block 11 as changed, or on an attachment and are subject, with or without the corporation.			
SIGNATURE: 		DATE: 7-1-04	

54060141



00302004 Chg-P CR20034 (10/03)

A. FOT Number 65-0013875 Applied For Not Applicable

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

Zip Code 33143

DATE 7-1-04

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TOTAL P.02

Attachment

54060141

BENNETT & BENNETT CPA'S, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

KEITH M. BENNETT, C.P.A.
SANDRA H. BENNETT, C.P.A.

8181 West Broward Boulevard • Suite 255
Plantation, Florida 33324

Phone: (954) 452-5155 • Fax: (954) 452-5221
www.benncpa.com

July 2, 2004

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Fl. 32301

Certified Mail: 7002 2410 0004 2721 2318

RE: Steven Olszewski, M.D., P.A.
M62281

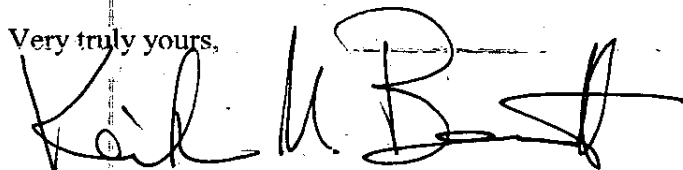
To Whom It May Concern:

This letter is in response to your notice of intent to dissolve the above-referenced corporation. This is the first notice that this entity has received regarding their annual report. No previous notices were received by this entity. Therefore, we are requesting an abatement of the penalty in the amount of \$400.

Enclosed is a check in the amount of \$150 for payment of the annual filing fee. In addition, a copy of the annual report is attached. Please note that we have changed the registered agent. Please process this annual report as soon as possible.

Should you have any questions or need any additional information, please feel free to contact our office at (954) 452-5155.

Very truly yours,



Keith M. Bennett, CPA

KMB/jmo

Encl.

cc: Dr. Steven Olszewski