

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003735

Entity Name: DAVID MAZER, M.D., P.A.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

3131 HASSI POINT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3131 HASSI POINT
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3617330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZER, DAVID K MD
3131 HASSI POINT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: MAZER, DAVID M.D.
Address: 3131 HASSI POINT
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: MAZER, CHERIE
Address: 3131 HASSI POINT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID MAZER

D/P

01/10/2006

Electronic Signature of Signing Officer or Director

Date