


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90060 050 ***150.00

DOCUMENT # P00000021411 1. Entity Name HOLT ANATOMICAL, INC.		
Principal Place of Business 430 SW 78TH PLACE MIAMI FL 33144		Mailing Address PO BOX 441987 MIAMI FL 33144-1987
2. Principal Place of Business 233 N.W. 36 STREET Suite, Apt. #, etc.	3. Mailing Address P.O. Box 370624 Suite, Apt. #, etc.	
City & State Miami, FL Zip 33127-3129	City & State Miami, FL Zip 33137-0624	Country U.S.A.
4. FEI Number 65-0989073		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOLT, DEBRA LYN 430 SW 78TH PLACE MIAMI FL 33144		
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 <i>D. Holt</i> 3/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, DEBRA LYN 430 SW 78TH PLACE MIAMI FL 33144	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>D. Holt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



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