

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000063905

1. Entity Name  
LEWIS H. SEMEL, M.D., P.A.



**FILED  
Mar 23, 2004 8:00 am  
Secretary of State**

03-23-2004 90003 041 \*\*\*150.00

Principal Place of Business

9960 CENTRAL PARK BLVD SOUTH STE 403  
BOCA RATON, FL 33428

Mailing Address

9960 CENTRAL PARK BLVD SOUTH STE 403  
BOCA RATON, FL 33428

2. Principal Place of Business

875 MEADOWS RD

Suite, Apt. #, etc.  
333

3. Mailing Address

875 MEADOWS RD

Suite, Apt. #, etc.  
333

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33486

Zip

33486

Country

6. Name and Address of Current Registered Agent

SETEL, LEWIS H MD

9776 GRAND VERDE WAY #704  
BOCA RATON, FL 33428

9705 NAPOLI WOODS  
LANE  
DELRAY BEACH FL 33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PP  
SETEL, LEWIS H MD  
9705 NAPOLI WOODS LANE  
DELRAY BEACH, FL 33446

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

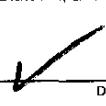
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 3/18/04  
561 395 7491  
Date Daytime Phone #