

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100273

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: MICHAEL E. KATZ, M.D., P.A.

**Current Principal Place of Business:**

9100-C BOCA GARDENS PARKWAY  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

8769 ESCONDIDO WAY E.  
BOCA RATON, FL 33433 US

**Current Mailing Address:**

260 SEVEN FARMS DRIVE  
SUITE - C  
CHARLESTON, SC 29492 US

**New Mailing Address:**

FEI Number: 45-0487093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAW OFFICE OF RICHARD L. KATZ  
6630 SOUTHWEST 70 LANE  
SOUTH MIAMI, FL 33143 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: P ( ) Delete  
Name: KATZ, MICHAEL E  
Address: 9100-C BOCA GARDENS PARKWAY  
City-St-Zip: BOCA RATON, FL 33496 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KATZ, MICHAEL E  
Address: 8769 ESCONDIDO WAY E.  
City-St-Zip: BOCA RATON, FL 33433 US

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: MICHAEL KATZ

P

01/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date