




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90171 050 ***150.00

DOCUMENT # P02000102715					
1. Entity Name SAMUEL J. MARGIOTTA JR., M.D., P.A.					
Principal Place of Business 4915 S. CONGRESS AVENUE, SUITE C LAKE WORTH, FL 33461			Mailing Address 4915 S. CONGRESS AVENUE, SUITE C LAKE WORTH, FL 33461		
2. Principal Place of Business 13005 Southern Blvd.		3. Mailing Address 13005 Southern Blvd.			
Suite, Apt. #, etc. # 231		Suite, Apt. #, etc. # 231			
City & State Loxahatchee, FL		City & State Loxahatchee, FL		4. FEI Number 30-0112930	
Zip 33470		Country Palm Beach		Applied For Not Applicable	
Zip 33470		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGIOTTA JR., SAMUEL J M.D. 4915 S. CONGRESS AVENUE, SUITE C LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 13005 Southern Blvd.		
			City Loxahatchee		
			FL Zip Code 33470		
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 		Samuel Margiotta, Jr.		DATE 4-21-04	
Signature based 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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARGIOTTA JR., SAMUEL J M.D.		NAME		
STREET ADDRESS	4915 S. CONGRESS AVENUE, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Samuel Margiotta, Jr.		4/21/04 561-964-1060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	