


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102715	
1. Entity Name SAMUEL J. MARGIOTTA JR., M.D., P.A.	

Principal Place of Business 13005 SOUTHERN BLVD., #231 LOXAHATCHEE FL 33470	Mailing Address 13005 SOUTHERN BLVD., #231 LOXAHATCHEE FL 33470
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **30-0112930** ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
MARGIOTTA JR., SAMUEL J M.D. 13005 SOUTHERN BLVD., #231 LOXAHATCHEE FL 33470	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May B.**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARGIOTTA JR., SAMUEL J M.D. 4915 S. CONGRESS AVENUE, SUITE C LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000415818 02/11/06-80094-022 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another signature empowered.

SIGNATURE:  **1/26/06** **784-700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #