2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 15, 2005 8:00 am Secretary of State DOCUMENT # P02000134395 1. Entity Name 02-15-2005 90025 007 ***150.00 MARCIA M. RENTZ, M.D., P.A. Mailing Address Principal Place of Business 140 NEW BRITON COURT BRADENTON FL 34212 140 NEW BRITON COURT **BRADENTON FL 34212** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 14-1863401 Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MD RENTZ. MARCIA FAULKNER, MARCIA M MD Street Address (P.O. Box Number is Not Acceptable 140 NEW BRITON COURT **BRADENTON FL 34212** BRADENTON 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE 🖊 Delete MA RENTZ, MARCIA M. TON COURT FAULKNER, MARCIA M NAME STREET ADDRESS STREET ADDRESS 9519 OLD HYDE PARK PLACE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

MARCIA M.RENTZ, M.D.

FILED