


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90078 029 ***150.00

DOCUMENT # P03000004910

1. Entity Name
 CARMY Y. STADLAN, M.D., P.A.



Principal Place of Business 22155 TRILLIUM WAY BOCA RATON, FL 33433	Mailing Address 22155 TRILLIUM WAY BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE

40032746



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0549137	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BELSON, STEVEN A ESQ
 2000 GLADES RD, STE 300
 BANK OF AMERICA BLDG
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D STADLAN, CARMY Y MD 22155 TRILLIUM WAY BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carmy Y. Stadlan* CARMY Y. STADLAN MD 3/8/07 561969-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #