


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90013 008 ***150.00

DOCUMENT # P03000036584	
1. Entity Name AUGUSTIN J. SCHWARTZ, III, M.D., P.A.	

Principal Place of Business 1309 N FLAGLER DRIVE WEST PALM BEACH, FL 33401	Mailing Address 1309 N FLAGLER DRIVE WEST PALM BEACH, FL 33401
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 14067 Suite, Apt. #, etc.
City & State	City & State North Palm Beach FL
Zip	Country 33408 USA

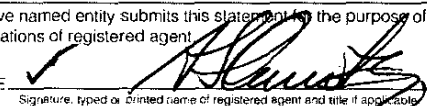
01212004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0829933	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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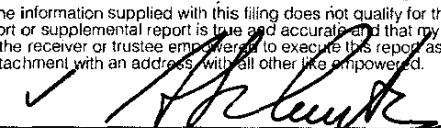
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIR STE 601 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Augustin J. Schwartz, M.D. Street Address (P.O. Box Number is Not Acceptable) 1309 North Flagler Drive City West Palm Beach FL Zip Code 33401	
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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 2/2/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, AUGUSTIN J 1309 N FLAGLER DRIVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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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"/> Addition

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: 	DATE 2/2/04