

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-05-2004 90012 036 ***150.00

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01212004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000036769 1. Entity Name DANIEL L. SPITZ, M.D., P.A.					
Principal Place of Business 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401			Mailing Address 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 14067 Suite, Apt. #, etc.		4. FEI Number 55-0829987 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State City NORTH PALM BEACH State FL		City & State City NORTH PALM BEACH State FL			
Zip 33408		Country USA			
City & State City NORTH PALM BEACH State FL		City & State City NORTH PALM BEACH State FL			
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALBAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Daniel L. Spitz, M.D. Street Address (P.O. Box Number is Not Acceptable) 1309 North Flagler Drive City West Palm Beach State FL Zip Code 33401	
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 2/3/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D SPITZ, DANIEL L 1309 NORTH 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	
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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 in all other the empowered.					
SIGNATURE: DATE 2/3/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					