

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90155 041 \*\*\*150.00

20054860



04122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000043410</b>					
1. Entity Name* ZEIDE, KOHN, CHALAL, DONAGHUE, MATUSZAK, PRESS, RATTEY, CLANCY & LEVIN, P.A.					
Principal Place of Business 54 NE 4TH AVE. DELRAY BCH, FL 33483			Mailing Address 54 NE 4TH AVE. DELRAY BCH, FL 33483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1162559	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, JEFFREY L 54 NE 4TH AVE. DELRAY BCH, FL 33483				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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	SD LEVIN, JOHN S 4801 S. CONGRESS AVE. WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Levin, John S 4801 S. Congress Ave. Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEIDE, MICHAEL 4801 S. CONGRESS AVE. WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS D Zeide, Michael 4801 S. Congress Ave. Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOH, MARVIN A 4801 S. CONGRESS AVE. WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kohn, Marvin A 4801 S. Congress Ave. Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHALAL, JOSEPH B 4801 S. CONGRESS AVE. WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Chalal, Joseph B 4801 S. Congress Ave. Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLANCY, JAMES T 4801 S. CONGRESS AVE. WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS D Clancy, James T. 4801 S. Congress Ave. Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAGHUE, LOUIS F 4801 S. CONGRESS AVE. WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS D Donaghue, Louis F. 4801 S. Congress Ave. Lake Worth, FL 33461 <input checked="" 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/13/05 Daytime Phone #: 561-967-6500		

Joseph B. Chalal, M.D., President

# ATTACHMENT

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## CONTINUATION SHEET 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P03000043410

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title Name Street Address City-St-Zip	D <input checked="" type="checkbox"/> Delete Matuszak, Charles J. 4801 S. Congress Ave. Lake Worth, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS* Press, Jeffrey A. 4801 S. Congress Avenue Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS Rathey, Theresa F. 4801 S. Congress Avenue Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS Clancy, James T. 4801 S. Congress Avenue Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS Levin, John S. 4801 S. Congress Avenue Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

\*Assistant Secretary