

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90043 029 \*\*\*150.00

**DOCUMENT # P03000056065**

1. Entity Name  
**MORGAN R. PONCY, M.D., P.A.**



Principal Place of Business  
**6 NEW SEABURY CIR.  
WEST PALM BEACH, FL 33401**

Mailing Address  
**6 NEW SEABURY CIR.  
WEST PALM BEACH, FL 33401**

**50004422**



01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**1002 South Old Dixie Hwy**  
Suite, Apt. #, etc.  
**#103**

3. Mailing Address  
**1002 South Old Dixie Hwy**  
Suite, Apt. #, etc.  
**#103**

City & State  
**Jupiter, FL**  
Zip  
**33450** Country  
**USA**

City & State  
**Jupiter, FL**  
Zip  
**33450** Country  
**USA**

4. FEI Number  
**03-0519642** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COHEN, GREGORY R  
712 U.S. HIGHWAY ONE  
SYE 400  
NORTH PALM BEACH, FL 33408**

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 *[Signature]* DATE **1/10/05**  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PONCY, MORGAN R</b>			NAME			
STREET ADDRESS	<b>6 NEW SEABURY CIR.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				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.

SIGNATURE: *[Signature]* **Morgan Pency** DATE **1/10/05** DAYTIME PHONE # **561-664-6268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR