


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90212 043 ***150.00

DOCUMENT # P03000057039	
1. Entity Name SUSAN J. MENDELSON, P.A.	

Principal Place of Business 5739-KUGLER MILL ROAD SUITE B CINCINNATI OH 45236	Mailing Address 5739-KUGLER MILL ROAD SUITE B CINCINNATI OH 45236
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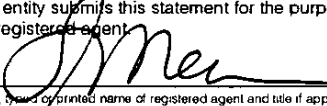
2. Principal Place of Business 5002 Kugler Mill Rd.	3. Mailing Address 5002 Kugler Mill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cincinnati, OH	City & State Cincinnati OH
Zip 45236	Country USA

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 33-1061472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

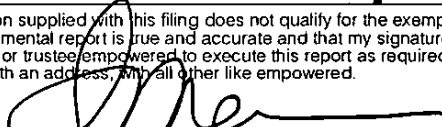
6. Name and Address of Current Registered Agent EGORT, CPA, P.A., MARC 817 S. UNIVERSITY DRIVE SUITE 100 PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
Name David Alex, CPA	
Street Address (P.O. Box Number is Not Acceptable) 8044 Montgomery Road	
City Cincinnati	State 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 	DATE 2-10-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 MENDELSON, SUSAN J 5739-B KUGLER MILL RD. CINCINNATI OH 45236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dr. Susan J. Mendelson 5002 Kugler Mill Road Cincinnati, OH 45236 <input checked="" 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
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
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 2-10-05 513-793-5390