

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000081310	
1. Entity Name NATALIE SHNITSER MD PA	
Principal Place of Business 1251 LAKEVIEW RD. CLEARWATER, FL 33756	Mailing Address 1251 LAKEVIEW RD. CLEARWATER, FL 33756



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1890233	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHNITSER, NATALIE
1251 LAKEVIEW RD.
CLEARWATER, FL 33756

DO NOT WRITE
IN THIS SPACE

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, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature is required when resigning.)

DATE

U00000955493
07/17/08-80007-010 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHNITSER, NATALIE 1251 LAKEVIEW RD. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07.14.08