

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90026 026 ***150.00

DOCUMENT # P03000105997

1. Entity Name

SALVATORE M. ZEITLIN, V.M.D. OF WEST PALM BEACH, P.A.



Principal Place of Business

**2410 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460**

Mailing Address

**2410 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460**

94019973



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6510 S. Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach FL.

City & State

Suite, Apt. #, etc.

4. FEI Number

900110720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAMER, SCOTT ESQ.
6650 WEST INDIANTOWN ROAD, SUITE 200
JUPITER FL 33458**

CORRECT spelling

7. Name and Address of New Registered Agent

Name

KRAMER, SCOTT ESQ.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZEITLIN, SALVATORE M**
STREET ADDRESS **3410 NORTH LAKESIDE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2410 N. LAKESIDE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Salvatore Zeitlin* (SALVATORE ZEITLIN) **2/16/04** **561-582-6008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #