

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000004226

**FILED**  
**Jan 18, 2005**  
**Secretary of State**

**Entity Name:** ELIZABETH H. ZABLE, M.D., P.A.

**Current Principal Place of Business:**

7171 N DALE MABRY STE 401  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

7171 N DALE MABRY STE 401  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 20-0508695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZABLE, ELIZABETH H  
7171 N DALE MABRY STE 401  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

ZABLE, ELIZABETH H  
17734 CURRIE FORD DR  
LUTZ, FL 33558 US

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.

**SIGNATURE:** ELIZABETH H ZABLE

01/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** ZABLE, ELIZABETH H  
**Address:** 17734 CURRIE FORD RD  
**City-St-Zip:** LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR (X) Change ( ) Addition  
**Name:** ZABLE, ELIZABETH H  
**Address:** 17734 CURRIE FORD RD  
**City-St-Zip:** LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ELIZABETH H ZABLE

DR

01/18/2005

Electronic Signature of Signing Officer or Director

Date